9-45-15M

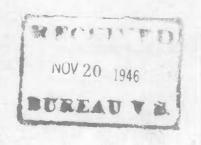
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
countyMontgomery.	The state of the s
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Montgomery
How long in above place of death?	City or town
BESTIMIXING MINISTER CONTROL Address where death occurred:	Street No. 514 Alfred Drive
514 Alfred Drive	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CLAUDIA C. ANDERSON 4. Sax 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4, 588	
female white single	20. DATE OF DEATH. 11-14-46 19 at 10 35
6,(b) Name of husband or wife	21. ICERTIFY that death occurred on the date above stated; that I attended deceased from
	Jame 19 4 4 19 10 10
7. Birth date of	and that I last saw h 2 2 2 2 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) Sept. 19, 1865	Laurediair cause of death DURATION
8. AGE: Yeare Monthe Days It less than one day	(wheel) Vemenhage 6 days.
81 1 25hrsmin.	(Schattery
9. BirthplaceNorth. Carolina. (Town, county, and state)	Due to Ild Central Gemonkage E
	, Agts Lefo Themopleps. 29 6 ms
1D. Usual occupation	Due to James Out. Schools 2042
11. Industry or businese	
12. Name David Anderson	Other conditions
13. Birthplace North Carolina	(Include pregnancy within 3 months of death)
14. Malden name Sarah Wiley	Major findings of operations.
14. Malden name Sarah Wiley 15. Birthplace North Carolina	Date of op.
18. IntermantMiss. Joanna. H. Anderson	Autopay results
Address 514 Alfred Drive, Silver Spring, Md.	
17. Burial Date thereof. Nov. 16. 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematoryRockCreekCemetery	Where did injury occur?
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warner & Pumphray	Meane of Injury Injured at work?
Address Silver Spring, Maryland	Jenesth Dawhen Son.
19 Mr. 15 19 16 Josephine In Behaeffer (Date ree'd by registrar)	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address 252 Largin Clir Date signed 11-146.





	ERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County (MO VI LOOVINEY H	2. USUAL RESIDENCE (He (For newborn infants give	residence of mother)
City or town	State MARYLAND	County MONTGOMERY
How long in above place of death?		Sowing VVI A
Hospital, Institution, or street address where death occurred:		
SuburbunHosp,-860001dSec	orgelown 18.	LUNCH Rd Extended
How long in hospital or instillution? Since Mov., 3		Но
3. (a) FULL NAME	1	3. (b) Social Security Number
Miss hillie MacA	nderson	NONE
4. Sex 5. Color or race 6.(a) Single, married, mid		ICAL CERTIFICATION
F IN SINGLE	20. DATE DF DEATH	19.46 at 9:10 A
6.(b) Name of husband or wife		n the dete above stated; that I attended deceased from
C (a) If alive when		19 Y 6, 10. 7 NOV 19 Y 4
7. Birth date of deceased (mo., day, yr.) VVI AU 14. 1873	and that I last saw hC.Qalive	VII
8. AGE: Years Months Days If less tha	an one day Immediate cause of death	NE UMONIA, unushed 3 da
73 5 25	hrs. min.	/
9. Birthplace Frederick Mid. (L)	Mcertain Due to Generalized de	bility & femlily
10. Usual occupation. Household duline	Y Analy	mt stion
	Due to	
11. tndustry or business	Indevsory All her	j' Carclità
E 12. Name UNKNOWN	Mack Soll Bither conditions Out pur	
= 14. Maiden name UN K. Mew N.	(Include pregnan	ncy within 3 months of death)
14. Maiden name DH K'Mew M. 15. Birthplace VH K'Now N	Major findings of operations	
21 15. Birthplace UNITHOWA	Mid MM S. Autopsy results.	emme , bless & selection
16. Informant 1. V. A.Y.) OVI. CECESTA IIII	PHYSICIAN: Please underline the	e cause to which death should be charged statistically.
Address Grace Church Rd. FX	Lended Jer Spring VIDLENCE: If death was due to	to external causes, fitl in the following:
(Burlal, cremation, or removal. Which?)	nth) (day) (year) Accident, suicide, or homicide	Date of
O R ~	10RCM: Where did injury occur?(Ci	ity or town) (County) (State)
		blic place (where?)
Carle & bha	Means of Injury	tnjured et work?
Address SILVER SPRING - 1	Ma Ma	PI 1 mm
	23. SIGNATURE H. A. A.	M. D. or other
19. (Date ree'd by ugistrar)	Johnson Address Suburban !	trap. Date signed 7 Nov 12

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The correct age egibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11	1 1	33
J.	1	00
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J. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Conn. County
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	City or town New London (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	street No. 311 Huntington Street
U.S. NAVAL HOSPITAL, Bethesda, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANELLO, Ronald Joseph S 2/c USNR 4. Sex 5. Cojor or race 6. (a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male WaUS Single	20. DATE OF DEATH 30 November 19 46 at 1:15p M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	28 Aug. 1946 to 30 Nov. 1946
7. Birth date of	and that I last saw h im allve on 30 November 1846
deceased (mo., day, yr.) 24 December 1927	Immediais cause of death
8. AGE: Years Months Days If less than one day	Meningitis tuberculous 4 months
18 11 6	
9. Birthpiace New London, Conn. (Town, county, and state)	Due 10
(Town, county, and state)	
10. Usual occupation. O.D. NAVV	Due to
11. Industry or business	
E 12. NameLouis Anello Italy	Other conditions
13. Birthplace Italy	
Page Proto	(Include pregnancy within 3 months of death)
14. Malden name Rose Proto 15. Birthplace Italy	Major findings of operations
\$ 15. Birthplace Italy	Date of op.
16. Informant Mrs. Rose Anello Con	Autopsy results Meningitis, tuberculous
. And II by Co. N. Tandam	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 12-3-16 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington National Cemeter	Where did Injury occur?
Arlington, Virginia	Injured at home, farm, Industry, public place (where?)
100 .001	Means of Injury Injured at work?
18. Funeral director W. W. CHAMBERS	Poscheron/
Address 517 Eleventh St. S.E.	23. SIGNATURE P. F. DICKENS, Jr. Comdr. (MC) USN
30 November 1946 Marsh Charlotte S	M. D. or other
(Date ree'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 11-30-40

DEC 10 1946

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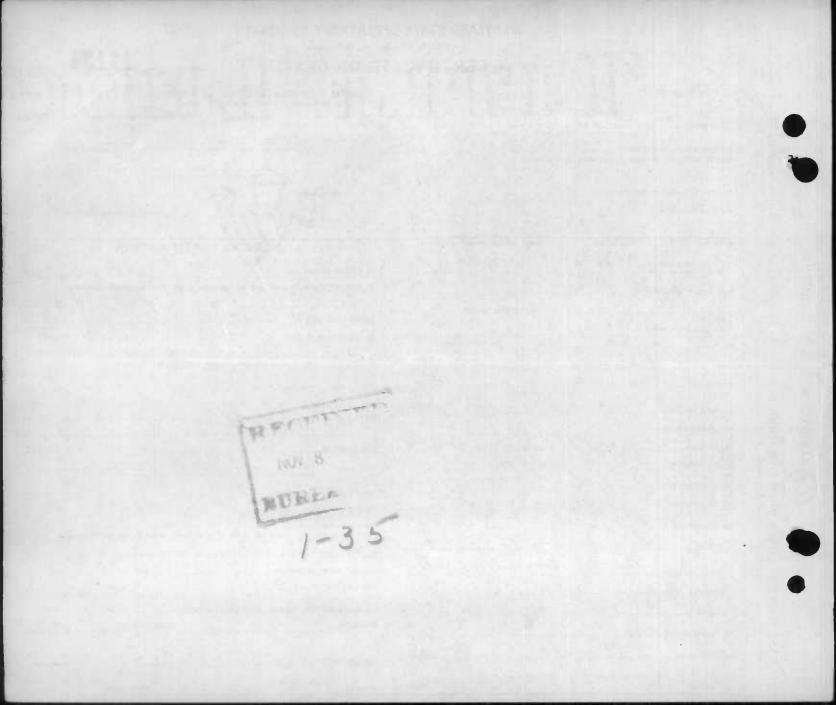
MARYLAND STATE DEPARTMENT OF HEALTH





Reg. Diat. No. 24/ 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	
County County	State maryland Count	
City or town. (If outside city or town limits, write RUMAL and give nearest town)	2 1 1 1	write RURAL and give nearest town) -
How long In above place of death?		
	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	0.0 +	3. (b) Social Security Number
Crruing crround	ismon	-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Temple or hill single	20. DATE OF BEATH November 4	1, 1946 at 12:30 P: M
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that t attended deceased from
6.(c) If alive, give age years	October 27, 194	6 , to Hovember \$ 1946.
7. Birth date of deceased (mo., day, yr.) Llc. 30 /885-	and that I last saw h. F.P alive on	mber 3 1946.
8. AGE: Years Months Days If less than one day	Immediate cause af death	DURATION DURATION
60 10 3 - min.		- V - V - V - V - V - V - V - V - V - V
9. Birthplace (Town country, and state)	Due to	
10. Usual occupation Patined school teacher.	Due to	
11. Industry or business		
12. Name Vester Control of the Contr	Other conditions	
	(Include pregnancy within 3 me	onths of death)
14. Malden name Susan 6. Sourson 15. Birthplace on anyland.	Majar findings of operations	***************************************
15. Birthplace analysis to		Oale of op
18. Informant	PHYSICIAN: Please underline the cause to which	
Address Clarkburg, and.	22. VIOLENCE: tf death was due to external cause	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory B advesda Cemetery	Where did injury occur?(City or town)	(Carata)
Brancisco	Injured at home, farm, Industry, public place (whe	
Location B 6 24 Cmg	Meens of Injury	injured at work?
18. Funeral director	1 01/	4
Address d'amascus and	23. SIGNATURE James 7. Kd	rr 19.W
19 Nov. 6 19 46 Wella W. Burdello (Date rec'd by registrar) Registrar	Address Dashaseus, Md.	M. D. or other Date signed /// 6/4/6



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/2

CERTIFICATE OF DEATH

11135 Reg. Diat. No. 217

Court from City or town Country of the Country of t	T. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or two. It contains the constitution of the control of the co	county wondowery	(For newborn infents give residence of mother)
Rev long in abore place of death?	(If outside city or town limits, write KURAL and give nearest town)	Island Albania
Steel 18. (C) FULL NAME 3. (G) FULL NAME 4. Set		(If ontside city or town limits, write RURAL and give nearest town)
Row long in hospital or institution? 3. (a) FOLL NAME 3. (b) Social Security Number 4. Set.	Hospital, Institution, or street address where death occurred:	Street No.
3. (a) FULL NAME 4. Set	The last to be offer to be studied.	
4. Set		
R.(6) Name of husband or wife. School and the state of husband or wife. School and the school and the state of husband or wife. School and the school an	Sarah agnes Dil	2. (b) Social Security Number
B.(b) Name of husband or wife. S. AGE: Tears Ronjis Days If left han one day Inmodifier cause of death Due to. James and thet I last saw his. alive on Management of death) Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major f	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
B.(b) Name of husband or wife. S. AGE: Tears Ronjis Days If left han one day Inmodifier cause of death Due to. James and thet I last saw his. alive on Management of death) Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Due to. James and thet I last saw his. alive on Management of death Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major findings of operations. Date of op. Astopsy results. Major f	tem. Col. wedowed	20. DATE OF DEATH Movember 21 1946 at 4:17 M
7. Birth date of deceased (me, day, yr.) 8. AGE: 9. Serit bonitis 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Birthplace 18. Informant 19. J.	8 (1) Name of huckand or wife Singleton Be Players	
and thet I last saw I Long alive on Long and Long and Long and thet I last saw I Long alive on Long		march 18 1838, 10 November 21 1946
8. AGE: Years Month's Days If lefs than one day Solithplace	7. Birth dale of / 1003	and thet I last saw her alive on nonember 20 1946
9. Birthplace 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. D. Maria, cremation, or remoyed. Which?) 18. Funeral director 19. Legation 10. Usual occupation 10. Usual occupation 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. D. Maria, cremation, or remoyed. Which?) 18. Funeral director 19. Legation 10. Legation 11. Legation 12. Legation 13. Birthplace 14. Maiden name 15. Birthplace 16. Information 17. Legation 18. Legation 19. Legation 19. Legation 19. Legation 19. Legation 10. Legation 10. Legation 10. Legation 10. Legation 11. Legatio	accesses (mo., out,)	Immediate cause of death OURATION
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Other Conditions Observable 13. Birthplace (Include pregnancy within 8 months of death) 15. Birthplace (Include pregnancy within 8 months of death) 16. Informant. 17. Autopsy results Autopsy (year) 18. Informant. 19. Lecation or remotely. Which? Cemelery or crematory, or remotely. Which? Complete or conditions (Include pregnancy within 8 months of death) Major fiadings of operations. Major fiadings of operations. Date of op. Autopsy results Autopsy results PHYSICIAN. Please anderline the cause to which death should be charged statistically. PHYSICIAN. Please anderline the cause to which death should be charged statistically. Complete or complete o	52	arenoseles or orang
10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Burlow 17. Burlow 18. Informant 19. Informant		Celusia Calarinelation
11. Industry or business 12. Mame	9. Birthplace	Due to
11. Industry or business 12. Name 13. Birthglace 14. Maiden name 15. Birthglace 16. Informant 17. Demelery or cremation, or remored. Which?) 18. Funeral director 18. Funeral director Address 19. Address 10. Industry or business 10. Industry or business (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. 18. Informant Date thereof. Date of there?) Masses of Injury Injured at home, farm, industry, public place (where?) Injured at work? Masses of Injury Injured at work? Masses of Injury Injured at work?	10. Usual occupation. House Reefeer.	met He kertensing Cardio 1938
14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 18. Informant 19. Info		rould Deseare
14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 18. Informant 19. Info	12. Name Cornelius, liweward	Other conditions Psychosis Coarle
14. Maiden name. 15. Birthplace 16. Informant. Address 17. Burland pregnancy within a months of death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, full in fine following: Accident, suicide, or homicide. Cemelery or crematory. Location. 18. Funeral director. Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. City or own (City or own) (County) Injured at home, farm, indusfry, public place (where?) Injured at home, farm, indusfry, public place (where?) Mass of Injury Injured at work? Mass of Injury 19. Address Address Address Address Address Address Address Address Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. City or own (City or own) (County) (State) Injured at home, farm, indusfry, public place (where?) Mass of Injury Injured at work?	E 13. Birthplace	
Autopsy results Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Wil in the following: Accident, suicide, or homicide	14. Maiden name Rozena Bocon	/ (include pregnancy within a months of death)
Autopsy results Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Wil in the following: Accident, suicide, or homicide	5 15. Birtholace	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, All in the following: Accident, suicide, or homicide	(Ashio Struden Marshall	200
17. Complete the second of the	B. (A	
Cemelery or crematory County Coun		22. VIOLENCE: If death was due to external causes, All in the following:
Cemelery or crematory Location Location Address Where did injury occur? (City or town) (County) (County) (State) Injured at home, farm, Industry, public place (Paper?) Maans of Injury Injured at work? 23. SIGNATURE M. D. or other 19. 11-24-1846 Destructe M. D. or other 19. 11-24-1846 Destructe M. D. or other 19. 11-24-1846 M. D	(Burial, cremation, or removel. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Location Sandy Structure 18th - Injured at home, farm, industry, public place (where?) 18. Funeral director B. Address Ruck welle M.D. 19. 11-24-1846 Destruct B. Lawler 23. SIGNATURE Metalley M.D. or other 7224	1 64 60	Where did injury occur?
18. Funeral director B. Showing land Address Ruck welle M.D. 19. 11-24-1846 Destruct B. Lawler 23. SIGNATURE Welley Sewell M.D. or other 72344	Location Sandy Spring Feed.	
Address Rackwelle Md. 19. 1/- 24 - 1946 Destructor Lawler 23. SIGNATURE Nebreley Sewell M. D. or other - 7324	RAIL X	
19. 11-24- 1846 Destructo Lawler 23. SIGNATURE M. D. or other 7224	(2) 1 .00 0	M. P. Sand
19. 1-24- 1846 Description Taway Address Norther May Date signed Nov 2344	Address Jack will, Mar.	23. SIGNATURE VECCES SWELL M. D. or other
	19. 1-24 1946 Sexualo Jawes Registrar	Address no beek Med . Date signed Nov 234

RECEIVED

DEC 19 1946

BUREAULS

2411	N.	Charles	St.,	Baltimore	13/2
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CERTIFICATE OF DEATH

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 218
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Miss Bessie Belle B	3. (b) Social Security Number
4. Sex Female 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION Nov 24th 46 11.45P
6.(6) Name of husband or wife	
8. AGE: Years Months Days If less than one day 1861 84 11 15 hrs. min. 9. Birthplace Cul. ep. er. Va., (Town, county, and state)	Due to Carlino - methodis
1D. Usual occupation	Due to
12. Name. William Botts 13. Birthplace Va. 14. Malden name. Maria Kemper Va, 15. Birthplace	(Include pregnancy within 8 months of deeth) Major findings of operations.
16. Informant Methodist Mome, A M Wilson Address Gaithersburg. Md,	Actopsy results. PHYS1CIAN: Please underline the caose to which death shoold be charged statistically.
Barial 17 Barial Date thereof	22. VIOLENCE: It death was due to external causes, till in the toilowing: Accident, suicide, or homicide
18. Funeral director Ernest C Gartner Address Gaithersburg Md, 19. 70 to 26 1946 Chuda & Cooker Berdstrand	23. SIGNATURE Julian & Miles M. D. or other M. D. or other 1/25/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1945

BURF

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mantgomery	State Maryland County Mantgomery
City or town (If ourside city or town/limits, write RURAL and give nearest town)	
llow long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
The Montgomery County General Hospital	(If rurnl, give LOCATION)
How tong in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Warner Broad	en
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widowed.	20. DATE OF DEATH November 23 1946 at 5:45A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	November 16 1946, 10 November 23,1946
7. Birth date of	and that t last saw h. 1. M. alive on Movember 23 1846
deceased (mo., day, yr.) VECEM SEV 3 18 7.5 8 AGF: Years Months Days 11 loss than one day	Immediate cause of death
o. Add.	4 Word
70 11 20nrsmin.	
9. Birthplace	Due to Change replication years.
A a haven	
10. Usual occupation. A a b o v c r	Due to
11. Industry or business	
12. Name Edward Brogder Maryland	Other conditions
\$ 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Jane Lee	
14. Malden name Jane Maryland 15. Birthplace Maryland	Major findings of operations
16. Informant Hospital records	
16. Informant L. J. St. Market	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Church ameters	Where did injury occur?
Location Mt. June mo	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
Address Rack wille md.	Rich of a Uniter the D
11 25 11 Kh A 14 P D	23. SIGNATURE
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Sardy Spring, Md Date signed 10/23/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



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CERTIFICATE OF DEATH

. 2411	N. Charles St., Baltimore
CERTIF	FICATE OF DEATH Reg. Diat. No. 2/
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
3. (a) FULL NAME	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorce Male INhite Married.	MEDICAL CERTIFICATION 20. DATE DE DEATH
8.(b) Name of husband or wife M13. Eloise Drook. 7. Birth date of deceased (mo., day, yr.) Ogracial 9 18, 1881 8. AGE: Years Months Days If less than one day 6 5 9 17	
9. Birthplace Nov beck Mary land (Town, county, and state) 10. Usual occupation Tarmer	Due to.
11. Industry or business 12. Name Albary Brooke 13. Birthplace Norbeck, Marylar	
11. Malden name Sadie Pleasants 15. Birthplace Richmond, Virgin	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant MRS ELOISE PLEASANTS BROOKE	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. Burlin, cremation, or removal, Which?) Date thereof Not 7 - 1 (month) (day) (22. VIOLENCE: If death was due to external causes, fill in the following; year) Accident, suicide, or homicide
Cometery or exemptory FRIENDS CEMETERY Location SANDY SPRINGS MONTG CO. M	Where did injury occur?
18. Funeral directors Warner & Dungslowery. Address SILVER SPRING - NO.	Frank J Brosshart M. J.
19. Mod. 7 19.46 Se Ludis. L.	23. SIGNATURE M. D. or other Registrar Address Jarthustung M. Date signed / 1 5 5

MARGIN RESERVED FOR BINDING

VS A15



			H	DEAT	ACE OF	1. P
			tgomery	Mon	ounty	
No. Subi			ethesaa	by B	illage or Cit	
	yrs,mos	ath occurred	y or town whera de	ence in cit	ngth of resid	
If	no la pere	BROWN	EDNA M.		ILL NAN	
28tr,			9 6 03 Co) Residenc	
M	ce of abode)		D STATISTIC	AL AN	ERSON	
21. DATE O	ARRIED, WIDOWED,	s. SINGLE, MAI	R OR RACE	4. COLO		. SEX
	CED (write the word)	sing	ite	wh:	nale	fe
22.			rcad	d, or divo	rried, widowe BAND of	H
Octor	(February)		X		WIFE of	(0
I last saw hea	st. 1896	g. 31s	, end year) AU	month, day	OF BIRTH (6. DAT
to hava occurrad	If LESS than 1 day,hrs.	Days	Months	S	Yaar	7. AGE
Tha PRINCIPAL were as follows:	ormin.	6	2		50	
Gara	ife	lousewi	rticular as SPINNER, PER, etc	ork dona,	rede, profas	NO 8.
IPHLA			which	usiness in	ndustry or b	
	14.	1	itc			20
	al tima (yaars) pent in this occupation	Sp oc	nth and	d last wor etion (mor	Data decaase this occup	3 10
Othar Contribute	8.5		(7-7			270
			A.wiidi		HPLACE (cit Stata or coun	12. BIN
		lerson	t J. And	igus'	AME A	13
Name of operation		ien	wn) Swed		BIRTHPLACE	13 14
What test confirm			(7)		(State or	
_ 23. If death was d		stenbe			MAIDEN NAI	I -
Accident, suicide	Vallea	18.00.	wn) Salir		SIRTHPLACE (State or	D 16
Specify whether	wn	Rrow	Roland H		7	
	UAA	Lvd.	Col. B	9303		
Manner of injury	0 3046	77			AL, CEEMAT	
Neture of Injury	-9-194,69	Date 11-	eme.r.ei	OIN	Tace Lin	roi
24. Was disease	aphrey -	Spring	Silvan	Ma	ERTAKER	19. UN
if so, specify (Signad)	/ Ma.	opring,		3	Address)	
(5.85)	X0 to er	176	19.46	3	0.16.11.	20. FIL

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. 1 Plan Hospital St., Ward horpital or institution, give its NAME instead of street and number) long in U.S. If of foreign birth?______mos.____ds. U. S. Veteran, specify WAR no Silver Spring, Md EDICAL CERTIFICATE OF DEATH F DEATH HEREBY CERTIFY. Thet i ettended deceased from el 20 1946 to Mou 6 1946 alive on Man 6 , 1946 ; death is said on the dete stated abova, at 12 months. CAUSE OF DEATH and related causes of importenca Date of onset 4946 med diagnosis?_____ Was thera an autopsy?_____ ue to external causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. or injury in any way related to occupation of daceasad?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MURA	
Other contributory causes of importance:		Other contributory causes of importance:	9 13
Gallstones	May 1,1923	Gastroenteritis	1 year

PLEASE

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 13/50

11140

Reg. Dist. No. >140

1. PLACE OF DEATH: COUNTY / 10/V T GOM FRY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CHEVY CHASE MD (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No
How long in hospital or institution?	2.(a) if veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HERBERT SWIFT BUCK	-EY 577-03-3215
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MARRIED MARRIED	20. DATE OF DEATH. No V - 18, 19 46 21 10.
6.(b) Name of husband or wife /ONE.G. BUCKLEY (NEF	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
GUITARD) B.(c) If alive, give age 5, 9 years 7. Birth date of 1, 2 4	and that I last saw h Martive on Movember 17 18 46
deceased (mo., day, yr.) MAY 15. 1874	Immediate cause of death
8. AGE: Years Months Days If less than one day 3	Chronic replices 2 yrs.
9. Birthplace WASSAIC NEW YORK (Town, county, and atate)	Due to Lementized arterio
(Town, county, and atate)	selecosis 5 year
11. industry or business	Due fo
12. Name LEWIS BUCKLEY 13. Birthplace CONN	Diper conditions paramet Congestive
13. Birthplace CONN	treast Salue. Sys
14. Maiden name. A BIGAIL SWIFT 15. Birthplace CONIV	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace CONIV	Major hadings of operations
18. Informant MRS IONE & BUCKLEY (WIFE)	Actorsy results.
Address 5618 WISE. AVE CHEVY CHASE, MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Barrial (Burial, cremation, or removal, Which) [Burial, cremation, or removal, Which] [month] (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loss Still	Where did injury occur?
Location 211d	tnjured at home, farm, Industry, public ptace (where?)
18. Funeral director A.) W. Chambers CV.	Means of injury tnjured at work?
Address 30)2 m ft. N.W. Washington DC.	23 SIGNATURE Frances J. Harreau M.
19. May 18 19.46 Josephine his Schaeffer (Date red by registrar)	M, D, og other
(Date rec'd by registrar)	Address 15 Date signed Colt 18,174



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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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... Date signed ... l.

CERTIFICATE OF DEATH 1. LACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) ounly //ontgomery Olkey, Macylard. (If outside city or town amits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: garrett Park How long in hospital or institution 3. (a) FULL NAME 3, (b) Social Security Number MEDICAL CERTIFICATION Temale SINGle. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... November 18 1946 10 NOUZMBA 30 1046 November deceased (mo., day, yr.) DURATION 8. AGE: Mantgamery (Town, county, and stafe) 10. Usual occupation anyant 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations...... DITGINIA Hospita 18. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? Cemetery or crematory (City or town) (County) injured at home, farm, industry, public place (where?) . Injured at work? Means of Injury 23. SIGNATURE. M. D. or other

Registrar

DEC 19 1946
BUREAU V B.
2-35

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442

CERTIFICATE OF DEATH

* 142 Reg. Dist. No. 2130

1. PLACE-OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants he residence of mother)		
City or town (If outside city town limits, write RURAL and give nearest town)	State County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No(If rural, giva LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Emma & Butlla	2 MATERIA		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Temole Colored widow	20. DATE DF DEATH. 122 25 1986 212:00 A M		
C (h) Name of husband, or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife			
7. Birth date of	and thet last saw h alive on 19		
deceased (mo., day, yr.) Up 4 1869	Immediate cause ui death		
8. AGE: Years Months Days It less than one day			
hrsmin.	Carcina I stomate I'm		
9. Birthplace	Due to.		
(Town, county, and state)			
10. Usual occupation. Albustic	Due to		
11. Industry or business	906 (0		
	Dither conditions		
12. Name John Jell 13. Birthplace Ma			
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings uf operations.		
E 15. Birthplace	Date of op.		
18. Informant William Bulley	Autupsy results		
Address Darneslows, rud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof Nov., 29, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory martinabus	Where did injury occur?		
Location martinsbury, and	Injured at home, farm, industry, public place (where?)		
P. B. A. D. S.	Means of Injury Injured at work?		
18. Funeral director	Il Browhard M. J.		
Address Rockerlle, rue	The state of the s		
11.29 16 Botto Sides	23. SIGNATURE M. D. or other		
19	Address Turkel hery and Date signed 11-24.46		



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VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-24

143

CERTIFICATE OF DEATH

20.3

County	(If outside city or town limits, write RURAL and give nearest town) Hospital Sireet No. 2013 New Hampshire ave. N. Ul. (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
n m (), 7	1/:h a/mica
4. Sex 5. Color or race (6.(a) Single, married	, widowsd, or divorced MEDICAL CERTIFICATION
Temale Caux Widow	20. DATE DF DEATH. 1946, 21 1.
6.(b) Name of husband or wife William C	arey 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
[Dept 19 40, 10 18 40, 19 40
7. Birth date of	and that I last saw h. C. T. alive on
	Immedia couse of desth. Our disc Taular 3 days
46/1/12	hrs. min. Eurenie State / WK
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. Birthplace LiCk1 Man d (Town, county, and state)	
10. Usual occupation Retired Clerk	Due to A perteusion Malguer 1 years
11. Industry or busings	,
# 12. Nams Deorge Sips comb	Other conditions.
13. Birthplacs Scalland	(Include pregnsney within 3 months of desth)
14. Maiden name. Thangaret Durn: 15. Birthplace Ire land	Major findings of operations
9 15. Birthplace Ireland	Date of op.
16. Informant Vashing tow Sanitanium	Alegorial Tecord Autopsy results.
Address Lakoma Jark Mary	PHYStCIAN: Please underline the cause to which death should be charged statistically.
0 11 (6	22. VIOLENCE: if death was due to external causes, fill in the following: (month) (dex) (year) Accident, suicide, or homicide
17. Buttal Date thereot	(300,00) (300,00)
Gemstery or crematory	Whers did injury occur? (City or town) (County) (State)
Location Machington 100	P. C. Injured at home, farm, Industry, public place (where?)
18. Funeral director The & I Lin	Means of Injury Injured at work?
Address 2-901- 14th St. N.W.	1 8 14 Wohnt a Some such.
61 : () 4/1/2	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar)	Registrar Address alcome a lask Ma. Date signed 1/1/6/46

MOV 19 1948 DUREAU V.C.

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
MININ Y PUNIND	CITILITY	DEL TRIVERSITIES	O.	HARAGARA A.

2411 N. Charles St., Baltimore 157-1)

CERTIFICATE OF DEATH

144 Reg. Dist. No. 216

PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Rethesda (rural)	State D.C. County	
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	Washington	
How tong in above place of death? 15 days	(If outside city or town limits, write RURAL and give nearest town)	
Hospitat, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md.	Street No. 2218 Hinnesotta Ave. S.E. (If rural, give LOCATION)	
05 Navar nospitali, pediata, ila		
MOW long in nospital or distilution:	2.(a) ti veteran, name war	
3.(a) FULL NAME CLARKE, William Howard, VAP	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male W-US married	20. DATE OF DEATH. 29 November 46 1:35P	
6.(b) Name of husband or wite. Mrs. Blanche Clarke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	7/1 Nov. 19 46, 10 29 Nov. 1946	
T. Birth date of T. T. CO. 2	aed that t last saw h. Julikative on	
deceased (mo., day, yr.) 1 Feb. 1923	Immediais cause of death Congestive DURATION	
8. AGE: Years Months Days If less than one day	sailure 18 days	
23 9 28hrsmln.		
N.Y.	Busto Congenital heart	
9. Birthplace	disesse	
10. Usual occupation Veteran	B I.	
11. Industry or business	998 10	
	Au	
	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Emma Blood unknown	Major findings of operations.	
15. Birtholace unknown		
16. Informant Wife: Mrs. Blanche Clarke	Autopsy results Deptus of heart to st vacticle	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 2218 Minnesotta AVe., S.E., Wash., D.C.	22. VtOLENCE: If death was due to external causes, fill in the following:	
17. burial Date thereof 12-2-16 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory Arlington	Where did injury occur? (City or town) (County) (State)	
Location Arlington, Va.	tnjured at home, farm, industry, public place (where?)	
18. Funeral director W. W. Chambers (200,11)	Maens of Injury Injured at work?	
18. Funeral director	Cu Thompson	
Address 517 11th St., S. E., Wash., D.C.	7 22 SIGNATURE C. W. THOMPSON	
11-29 146 Mary Charlotte Smith		
(Duta registrar)	Md. Date signed 11-29-46	

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 2/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County County	" My Tos .c.		
City or town. (If outside city or town limits, write RURAL and give nearest town)	'm' - ' . !	of a	
How long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)	•••	
Hospital, institution, or street address where death occurred:			
	Street No	****	
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number	_	
L. Same Soffee	Move .		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			
4. 364 O. Color of face o. Co. Single, married, widowed, or differen	MEDICAL CERTIFICATION	0	
Emale colored widowed	20. DATE DF DEATH NOV. 16 - 19 16 12	PM	
714. Day Orlander	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife Washing Colemnia	Aug 10 1946 10 Chow 16 19 K		
7. Birth date of	and thet I last saw h	12	
deceased (mo., day, yr.)			
8. AGE: Years Months Days It less than one day	Immediate cause of death Failure 2 1008		
5-7nrs,min.	2/103		
That I have	O46 A 0-40		
9. Birthplace (Town, county, and state)	Due to Cikleworkers of Collary	*******	
la mandiles	Cortus		
1D, Usual occupation	Due to	*******	
11. Industry or business			
12. Name Land A. C. Commune Land Land Break Processing Commune Land Land Break Processing Commune Land Land Land Land Land Land Land Land	Other conditions		
13. Birthplace Montanabusco Fred.			
	(Include pregnancy within 3 months of death)		
14. Malden name Franket Shage 15. Birthplace Markinsbryg 1900.	Major findings of operations	******	
∑ 15. Birthplace Manusbrigg 1500.	Date of op.		
16. Informant Ms. mosella Ownes	Autopsy results		
11000 772 10 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Elleman Permana.	22. VIOLENCE: It death was due to external causes, till in the following;		
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
CAT: Alminai			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location Stan DICK END COM	Injured at home, farm, Industry, public place (where?)	******	
18. Funeral director. Clarence H. Davis.	Misene of Injury Injured at work?		
P 9	11 1) 40		
Address oo warde mal	23. SIGNATURE Shut R. John		
Mar. 14 . H. Bleady & 18h.	M. D. or other	c.di	
(Data rec'd by registrar)	Address Cooleyville Ind Date signed NOV 18-19	410	



MARGIN RESERVED FOR BINDING

VS A15

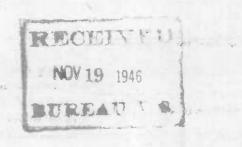
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

★11146

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland county Montgomery
City or fown (If outside city or town limits write RURAL and give nearest town)	
How long in above place of death?	City or town Kochuile (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	street No Marvor Club-
The Montgomery County general Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mes. Milder J. P. Course	NonE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
To the state of th	
Female White Married.	20. DATE OF DEATH NOVEMBER 8 10.46 , 21. 6: 40 P. M
8.(b) Name of hueband or wife Me. Walter A. Causet	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from ———————————————————————————————————
7. Birth date of	and that I last ear h. E. x. afre on No work bev 8 18 46
deceased (mo., day, yr.) Junie 16, 1897	Immediats cause of death
8. AGE: Yeare Monthe Daye If leee than one day 4 2 2 hrsmin.	Carcinoma tosis
	a wish has by
9. Birthplace Caney Splings Tennessee grown, county, and state)	Oue to Car ainamas of right breast dyears.
10. Usual occupation	Dua fo
11. Industry or business	
12. Name Mr. Austin T. Powell 13. Birthplace Caney Springs TENNESSEE	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mamie Fawell	
15. Birthplace Chapel Hill, Tennessee	Major findings of operations.
	Date of op.
18. Informant Haspatal recards	Autopsy results
Addrese	
17. PORIFICATION OF removal, Which?) (Burial, cremation, or removal, Which?) Date thereof. No. J. 10 - 1916 (month) (day) (year)	22. VIOLENCE: It death was due to external caucee, fill in the following:
17. Date fhereof. No. 1 - 1916 (Buriai, cremation, or removal. Which?) Date fhereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory S.A.L.C.M.	Where did injury occur?
Location BROOKEVILLE - MONTG Co- MO	injured at home, farm, industry, public place (where?)
18. Funeral director Mane 3 6 compliancy.	Meene of Injury Injured at work?
Address SILVER SPRING- MD	23. SIGNATURE
19. Most general 1946 Sont and Backtar	Address Sandy Spring Md Bate signed */8/46



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2411 N. Charles St., Baltimore 940

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11141

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mantgovnery Bethesda	State MARY LAND COUNTY MONTERY
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. Bethess A. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/-3-46 - 2 45 A.M. Hospital, institution, or street address where death occurred:	(If outside city or town limits, write KURAL and give nesrest town)
Suburban Hosp - 8600 Old Georgetown R	Street No. 4506 AVOMALE St.,
How long in hospital or institution? Since 11-3-46-2:45 Aim	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dhimas I Commandell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced.	MEDICAL, CERTIFICATION
my hi	20, DATE OF DEATH 11/8 19.46 at 3:15 A
	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
B.(6) Name of humband or wife J.L. i.A. Cr. A.Y. d. A. I.	January 1944, 10 Moresty 1 1943
7. Birth date of A Day 1/1/82	and that t last saw h fallve on
deceased (mo., day, yr.) April 4, 1883	Immediate canae, of death OURATION
8. AGE: Years Months Days If less than one day	Corrace Throntonic 5 Lay
63 7 4hrs, min.	
9. Birthplace. HOY Me (Town, county, and state)	Due to
10. Usual occupation Real estate dealer	Dua in
11. Industry or business	Suc (C
	Ciher conditions
12. Name Leomard Crandall 13. Birthplace M. Hork State	
	(Include pregnancy within 3 months of death)
14. Maiden name Jewy VI H Livid 15. Birthplace T. Hork State	Major findings of operations
	Date of op
16. Informant Mrs. Julia Crandall	Autupsy results
Address 4506 Avondale St. Bethesda, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof 11/12/46	22. VIOLENCE: If death was due to external causes, in in the following, Accident, suicide, or homicide
17	Accident, suicided of nomination
Cemetery or crematory Oak Hill Cemetery	Where did injury occur?
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral directoral 9th Keichen Fumphrey,	Mesns of tnjury Injured at work?
Address Bethesda, Maryland	Thomas Chinamin Mis
Store Elli	23. SIGNATURE M. D. or other
19. (Date red d by registrar) Registrar	Address Statusda 4 Md Date signed 1/18/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

VS A15



19.46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

11148

DEATH	Reg. Dist. No. 2.23
RESIDENCE (HOME)	
ewborn infants give residence o	11
irainia c	oucty
Alexand	ria
(If outside city or town limi	ts, write RURAL and give nearest town)
600 F: + 29 C	rald bane
	e LOCATION)

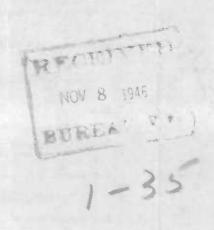
H847-200. Care

Address.

Date signed

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	
(If outside city or town limits, write RURAL and give nearest town)	State County Mill Kaus d. Line
How long in above place of death? 1 hr. 45m:n.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1600 Fitzgcrald Lane
Washington Danitarium and Mospita	(If rura, give LOCATION)
How long in hospital or institution? 15 . 45 min.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Daniel Baby Boy Lewis	, tick and howden
4. Sex 5. Color or race 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION
Male white	20 DATE DE DEATH 11 - 4 19 46 at 9:15A.
	20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	and that I last saw hat the alive on 11-11 19 44
7. Birth dase of deceased (mo., day, yr.) Novuebox 4, 1946	and that a hast same transfer and
8. AGE: Years Months Days If less than one day	Immediais correct death DURATION
hrs. 52 min.	The state of the s
T.V. Rock MI	Due to
9. Sirthplace (Town, county, and state)	lunk.
1D. Usual occupation	Due to
11. Industry or business	3 3 weeks.
# 12 Name Herbert Madison Lawis	Diher conditions
13. Birthplace Washington D.C.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Washington, D. C.	Dale of op.
16. Informant Washington Sanitarium Kecorde	Antopsy results.
Address Takous Park Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22, VIOLENCE: if death was due to external causes, fill in the following:
17. Carried and Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of the Lincoln Com.	Where did injury occur?(City or town) (County) (State)
Location 320 1/3/2 degraby gRs. Wash D.C.	Injured at home, farm, Industry, public place (where?)
LOCATION	Massa of injury Injured at work?

A15 NS



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CER

2411 N. Charles St., Baltimore (232)	
TIFICATE OF DEATH	Reg. Dist. N

2411 1	N. Charles St., Baltimore (83-2)
CERTIF	FICATE OF DEATH Rog. Dist. No. 213
City or town. (If outside city or town limits, write RURAL and give nearest to How long in above place of death?. How long in above place of death?. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Richard Th	vuas rown 3. (b) Social Security Number
Male Science 6.6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION 20. DATE OF DEATH. PARAMETER 24 1946, at 10-30 M
6.(b) Name of husband or wife Succession 6.(c) If allve, give age 5	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 years and that I last saw by Law alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplaco	Due to
11. Industry or business 12. Name. Hamelsie room 13. Birthpiace Many Lung	Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name Sally Viller 15. Birthplace Mary Panel	Major findings of operations. Date of op.
Address Hours Lane - Rockville -	Autopsy results
(Burial, crematory Date thereof (month) Cemetery or crematory Date thereof (month)	(city of terms)
18. Funoral director. DM. Prust of Tuning	Injured at home, farm, Industry, public place (where?) Maans of injury Injured at work?
19. 1/25 19 46 Buttyone And (Date refe d by registrar)	Address Rocksvill Mad Date signed 1/25/46

NOV 26 1946

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

11150

			51	10
Reg.	Diat.	No	1	6

1 PLACE OF DEATH: tounty Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery
	Chevy Chase Mary land
How long in above place of death? S YEARS Hospital, institution, or street address where death occurred:	
4506 Elm St. Chevy Chase, Maryland	Street No. 4506 Elm St. Chevy Chase, Md.
How long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	
	3. (b) Social Security Number
MRS . MARGARET BRICHTWELL 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	CUNNINGHAM
	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH NOVEMber 23, 1946 et 4 A. M
6.(b) Name of hueband or wife Howard S.	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
D,(U) Hame of Nueband of Wife	18 10 11 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of	end that 1 feet eaw h allve on 18.
deceased (mo., dey, yr.) January 23, 180/	Immediain cause of death
8. AGE: Yeere Months Days If less than one day	1,000
59 10 0hrsmin	acute myorardie Bles
9. Birthpleca. Washington, D. C. (Town, county, and state)	Due to
	Chimin Valendar hear desere 2/2 /2
1D. Usual occupation Housewife	Due to.
11, Industry or businees	
買 12. Name John W. Brightwell	Other conditions
\frac{13. Sirthplace}{2} \text{Washington, D. C.}	
置 14. Maiden name Matilda McCormick	(Include pregnancy within 3 months of death)
Wechington D C	Major findings of operations.
14. Maiden name	Bate of op.
18. Informant Mrs. Mary Brightwell Stack	Antopsy results
Address 4506 Elm St. Chevy Chase. Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death wee due to external ceuses, till in the following;
17. Cremation (Burial, cremation, or removal, Which?) Bate thereol. 11/23/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory Cedar Hill Crematory	Where did Injury occur?
Location Maryland	
	Means of Injury Injured et work?
18. Funeral director Landers Della Telles Sister	Thank J. Broschact m. J.
Address 7557 Wis. Ave. Bethesda, Md.	Trank y . I orosetrace
	23. SIGNATURE M. D. or other
19. 11 / 2 3 19 46 Mrs & John & John Registrar	Address Seistle L. and Date signed 1.1-23. V.6

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PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

yh- '	71101
1	Dist. No. 2230
Reg.	Dist. No.

11151

1. PLACE OF DEATH: County. Montgomery City or town. Tokoma Park, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7. Months. Hospital, institution, or street address where death occurred: 507 Carroll Avenue, How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Rockville, Maryland (If outside city or town limits, write RURAL end give nearest town) Street No. 109 N. Adams St. (If rural, give LOCATION) 2. (a) If veteran, name war.
3.(a) FULL NAME	
HERBERT SOPER DARBY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None
	MEDICAL CERTIFICATION
	20. DATE OF DEATH 27 Nov 1946 31 1:304.
8.(6) Name of hueband or wife. Lillian M. 8.(c) Name of hueband or wife. Lillian M. 8.(c) Name of hueband or wife. Lillian M. 8.(d) Name of hueband or wife. Lillian M.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 45., to 27 200 19.46. and that I last say h. 400 alive on 26 200 18. 46.
deceased (mo., day, yr.) Link Now 4 1873	Immediain cause of death
8. AGE: Yeare Months Days II less than ono day	Cerebral Herombus 3 who
73 ?hrsmin.	
9. Birthplace Montgomery County, Maryland (Town, county, and state)	Due 10. Arterischeris 10 yrs
1B. Usual occupation Retired, Clerk-D.C. Police	Duo 10
11. Industry or businese	
質 12. Name George Darby	Dither conditione
13. Birthplace Montgomery Co., "aryland	(Include pregnancy within 8 months of death)
当 14. Maiden name	
14. Maiden name	Major findings of operations
16. Informant Mr. George H. Darby Address Son, Above address	Autopsy results
Burial Burial Date thereof 11/29/46	22. VIOLENCE: 11 death was due to external causes, 1ill in the following: Accident, eulcide, or homicide
Cemelery or crematory Clarksburg Cemetery	Where did Injury occur?
Location Clarksburg, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director, W.m. Lewson Pumphray	Meene of Injury Injured at work?
Address 7557 Wis. Ave. Bethesda, Md.	1115 Mundley Mis
19. 7/N. VS 1846 9 Hubin Deds	23. SIGNATURE M. P. or other M. P. or other Date classed 2) horry

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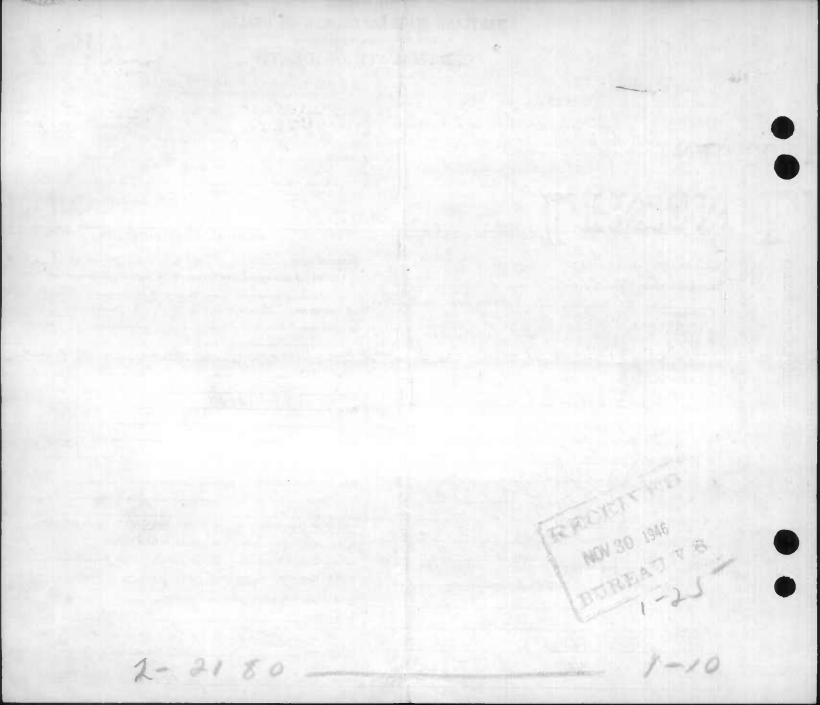
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Elopison War of Jashusburg RFD.	State Marshay County Marshay
(If outside city or town limits, write bURAL and give hearest town)	City or to this or town limits, write RURAL and give rest town)
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Brone array	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While marring	20. DATE OF DEATH / / 2 / 4 / 19 4 / 19 4 / 19 4 / 19 19 / 19 19 / 19 /
6.(b) Name of husband or wife Manuale Farry	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from
	Jef med frein care
7. Birth dato of deceased (mo., day, yr.) Sept 14 - 1871	and that I last saw h
8. AGE: Years Months Days It less than one day	
75 2 7hrsmin.	Caremonn I eso shague 6 mo
9. Birihplace of Orthogonal (Town, county, and state)	Due to
10. Usual occupation Farm	91
11. Industry or business Farm	Due 10
# 12 Hame Hamphurg Darry	Gither conditions
13. Birthplace Montgong Co Bung	
# K 1 R 2991	(Include pregnancy within 3 months of death)
16. Birthplace Montgonny Co mg	Major findings of operations
16. Informations Manotof Darry	Antanau roenite
Address Tathershing mod RJ-D-# 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burnil Date thereof 20 26./944	22. VIOLENCE: If death was due to external causes, fill in the following: Accident suicide, or homicide
(Burkl, cremation, or removal. Which?), (month) (day) (year)	Modernal and and an institution of the state
Cometery of oremetery	Whore did Injury Occur?
Location Howard Collins	Injured at home, farm, Industry, public place (where?)
16. Funcral director of 21. Osarba	Means of Injury Injured at work?
Address selmaraille mag	Stant of Brownhaut M. J.
11/15 46 GOBILL	23. SIONATURE. M. D. or other
(Date rec'd by registrar) Registrar	Address Huthers leaves me Date signed 11-24- X6.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



ect age

MARYLAND STATE DEPARTMENT OF HEALTH



County Mod TGOMERY City or town Silver Ex Spring Town Imits, write RURAL and give nearest town) How long in above place of death? Nospital Institution, or street address where death occurred: IN INXICAS EAROUTE TO HIS HOME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State ARYLAND County ONTGOMIERY City or town SILVER ORING (If outside city or town limits, write RURAL and give nearest town) Street No. 9210 Long BRANCH PARKWAY (If rural, give LOCATION) 2.(a) If veteran, name war. 10	
LANIER V. DRAKE	3. (b) Social Security Number 721-12-6704	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH 1/9/ 19.5-6 at 66	
8.(b) Name of husband-or wife NACMI FI. 7. Birth date of deceased (mo., day, yr.) FRIL-Z7-191+	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18	
8. AGE: Years Months Days of less than one day 32. 6 12	Due to Cerribal Orlina Lag	
11. Industry or business 12. Name OULIAN CDRAKE	Due to	
14. Malden name ETMEL LASSITER 15. Birthplace) V.C.	(Include pregnancy within 3 months of death) Meter Siedies of appeties Magalian Eucaph How	
16. Informant 1 18 NAOKI DRAKE Address 9210 Lodg BRANCH PARKWAY 17. BURISL Bate thereof No. 12-19-16 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Antopsy results	
17. (Burlal, cremation, or removal, Which?) Cemetery or crematery Ock CREEK. Location WASHINGTON - D.C.	Accident, suicide, or homicide	
18. Funeral director Waxnex & Cumpbergy Address SINKER SPRING - MO	Means of Injury Injured at work?	

VS A15

19. MATE II.
(Date rec'd by registrar)

HE DISH NO TRANSPORTED TO A STATE OF STREET

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 34-2

CERTIFICATE OF DEATH

11154 Reg. Diat. No. 216

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monty onery	State Maryland County Montgomery
(If outside eity or town limits, write RURAL and give neerest town)	
How long in above place of death? 4 1/2	(if outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 2 Brox burn Drive
2 Parox burn Dreso, Butbala 14 D.C	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME Edwin Burchett Carnest	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. married	20. DATE OF DEATH. 11. 76 18.46 at 7. P.
6.(b) Hame of husband or wife Emily Earnest	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
1/2	Oct. 18 1146 to nov 26 1146
7. Birth dato of A 1904	and that I last saw h Asam alive on
deceased (mo., day, yr.) R ACF- Years Months Days If isss than one day	Immediate gause of death
8. AGE: Years Months Days trisss than one day 42 6 19min.	Coma
Sugnow Jowa 10	
9. Birthplace (Town, eounty, and atate)	Due to Jumo 7 the Brain 21/2 ma
10. Usual occupation at mines trane - State Niepet.	
10. Usual uccupation	Que to
11. tndustry or business	dix-blastoma of confus callosum. malig.
12. Name Chas Edwin Farest	Other conditions march Direction four months.
	(Include pregnancy within 3 months of death)
14. Maiden name Cra Jennant 15. Birthplace / 17 Cinca	
TO L. Marie III	Major findings of operations.
2 15. Birthplace / 17 Cana	Date of op.
16. Informant Wille	Autopsy results. Month
Address Brox burn Drive	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
B 0 . 1/0U 29.1986	22. VIOLENCE: II death was due to external causes, till in the following;
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rock CREEK	Where did injury occur?
Location WASHINGTON P.C.	Injured at home, farm, industry, public placo (where?)
145. Gantin Sous	Means of Injury Injured at work?
18. Funeral director	0 . 1 . 220
Address / 186 Jakon Cut N - Cu-	23. SIGNATURE. Cary Duchual M. Dorother
19. (Date ree'd by registrar) Registrar	Address 1801 Eye St Dato signed 11, 24, 46

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

11155 Reg. Dist. No. 2160

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Melton I Emper	ey 577-28-7586
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 200 2 19 × 6 at 1: 35 A
8.(6) Name of husband or wile Dewell 4 cola Embrey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 30, 1923	and that I art saw halive on
8. AGE: Years Months Daya tiless than one day	Immediate cause of death
23 5 2nin.	sur would in left chest 15 min
9. Birthplace Washington, D. C.	Que fo
1D. Usual occupation. Clerk	Dualo
11. Industry or business	
12. Name Sumpter M. Embrey, Sr. 13. Birthplace Beallton, Va.	Cther conditions
\$ 13. Birthplace Beallton, Va.	
# 14. Malden name Lucy Earl King	(Include pregnancy within 3 months of death)
5 15. Birthplace Beallton, Va.	Major fiadings of operations
18. Informant Sister- Mrs. Elsie Petty	- Date of op.
1 1 1 1	Autopsy results
Address 4910 Cordell Ave., Bethesda, Md	22, VIOLENCE: it death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?) Date thereot 11/5/46 (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory Arlington National Cem/	Where did injury occur? Rolling Marly Marly (County) (State)
Location Arlington, Va.	injured at home, farm, industry, public place (where?)
118m Carles (+1) she	Means of thijury Injured at work?
	The 12 Browhart M. J.
Address Bethesda, Maryland	23. SIGNATURE M. D. or other
19, // 4 Date rec'd by registrar) 1946 7m & Johns Registrar	et et e



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

g. Diat. No. 2160

CERTIFICA	Reg. Diat. No.
1/PLACE OF DEATH: County Montgomery City or town Bethesda, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Mary land County Montgomery
City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 8 Lone Oak Drive (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name wer
3.(a) FULL NAME SAMUEL TURNER FERGUSON	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 46. 10. 25.13.46. and that I last such a f. Rose, alive on Market Market 2. 4. 13. 46.
8. AGE: Years Months Days It less than one day 78 7 19 hrsmin.	Immediair cause of death DURATION Desgranting Failure Desgranting
9. Birthplace South Carolina (Town, county, and state) 10. Usual occupation Retired - Safeway Stores Co.	Due 10. Coronary Heart Disease
11. Industry or business 12. Name Perry Ferguson	Other conditions
14. Malden name Frances Schooley 15. Birthplace South Carolina 16. Informant Mr. Forrest E. Ferguson	(Include pregnancy within 3 months of death) Major findings of operations
Address 10 Lone Oak Dr. Bethesda, Md.	Autopsy results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Remington Cemetery.	Accident, suicide, or homicide
Location Remington, Virginia	Injured at home, farm, Industry, pub ¹¹ c place (where?) Magns of Injury Injured at work?
Address 7557 Wisconsin Ave. Bethesda, 19. 11/26 19. 19. 16. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	23. SIGNATURE Track 9 Josque M.D., or other Address. 8016 Trace To B. Date signed 1/26/44

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

* 11464

Reg. Dist. No. 223 O

1. PLACE DE DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
County	0 0	
City or town	State County County	
(If outside city of town names, with the contract town)	City or town. (If outside city or townshimits, write RURA), and give pearest town	(n)
How long in above place of death?	City or town (If outside city or town limits write RURAS, and give pearest town 3201 dates leve. A	,
Hispital, Institution, or stylet address where death occurred: Nosh. Jan +) For p: Tahana Park has	Street No	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	r
Theming, george	Edgar. 3. (b) Social Security Number	
4. Sex 5. Color or rate 6. Colorman, married, wydowed, or divorced	MEDICAL CERTIFICATION	
male White manued	20, DATE OF DEATH	AN
6.(b) Name of husband or wife Hadassah L. Fleming	21. LEGRTIFY that death occurred on the date above slated; that I allended deceased from	n 11
4/3/4/1/	Cuy 27 1976 10	19.
7. Birth date of	and that I last saw h and alive on	.19.45
deceased (mo., day, yr.) Q ACE. Years Months Days If less than one day	Immediais cause of death	DURATION
o. Aut.	Chi Deg. hyvewelles >.	
79 3 25hrsmin.	Chr Dly. hyveweltes ?.	Jo.
9. Birthplace Wast Lad. and Ind. and	Due to Destrites hultilus 20	· ye
10. Usual occupation Banker Lretered)		
	Out on from the 311	13/1/2
11. Industry or business 12. Name Jo HN S. FLEMING	Jastera Enterntes 5.	elays.
12. Name Jo HN S. FLEMING	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name FRANCES Adams	Major fiediogs of operations	
S 15. Birthplace	Oate of op.	
16. Informant Sanitaking Records	Actopsy results	
1 La Mal	PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematury CONGRESSIONBL	Where did Injury occur?	
Cemetery or crematory		1)
Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director las builts Line	Meens of Injury Injured at work?	
Address 256 ta. Cua (NW.	Howard I have now	
2/1/2 Col J-HATTEN Dorla	23. SIGNATURE	1 1 /
19. (Date rec'd by registrar)	28 Canoll ave Taham Vask Bate signed 11)	6/16

NN 8 1946

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: County. Montgomery. City or town. Bethesda. (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days. Hospital, Institution, or street address where death occurred: USNH Bethesda, Maryland How long in hospital or Institution? 3 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State DoCo County City or town. Washin ton (If outside city or town limits, write RURAL and give nearest town) Street No. 1725 17th St.s. N.M. (If rurel, give LOCATION) 2.(a) If veteran, name war 1st World Mar
3. (a) FULL NAME	3. (b) Social Security Number
FOLEY, Edward Joseph	o. (v) bottar bottarily realist
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white	20. DATE OF DEATH. Movember 9 19 46 21 2255 Pm
	as a proving the bound of the date where stated, that I attended descreed from
6.(b) Name of husband or wife	November 6 46 November 9 46
7. Birth date of	and that t last saw h im alive on November 9 19 46
deceased (mo., day, yr.) 5-5-77	Immediair cause of death Thrombosis DURATION
8. AGE: Years Months Days If less than one day	coronary artery 10 days
69 6 4 Imin	Que to Coronary artery sclerosis
9. Birthplace New York (Town, county, and state) 10. Usual occupation (VAP) Auto Rental Dealer	Due to Coronary artery storous
	Due to
11. Industry or business 12. Name Martin Foley	Other conditions Dischetic Boellitus
13. Birthplace Iowa	
置 14. Maiden name Mary Norton	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Norton 15. Birthplace Iowa	Major findings of uperations
≥ 15. Birthplace LOWA	Autopsy results. Cermission not granted
16. Informant. Mrs. Marion Buchanan	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address 25 Elder St., Dorchester, Mass.	22. VYOLENCE: If death was due to external causes, fill in the following:
17. Burial Bartion, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	
Cemetery or crematory Arlington National Cemetery	
Location Arlington, Virginia	
18. Funeral director Joseph F. Birch's Sons a-K. H	Msans of Injury Injured at work?
Address 3034 M. St., N.W. Washington, D.C.	1'A I Huomphon
	23. SIGNATURE C.W. THOMPSON LT. CMDR. (MC) USNR
19. Nov. 10 1946 Many Charlotte Smith	USNH Bethesda, Maryland M. D. or other USNH Bethesda, Maryland Date signed Nov. 9,46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

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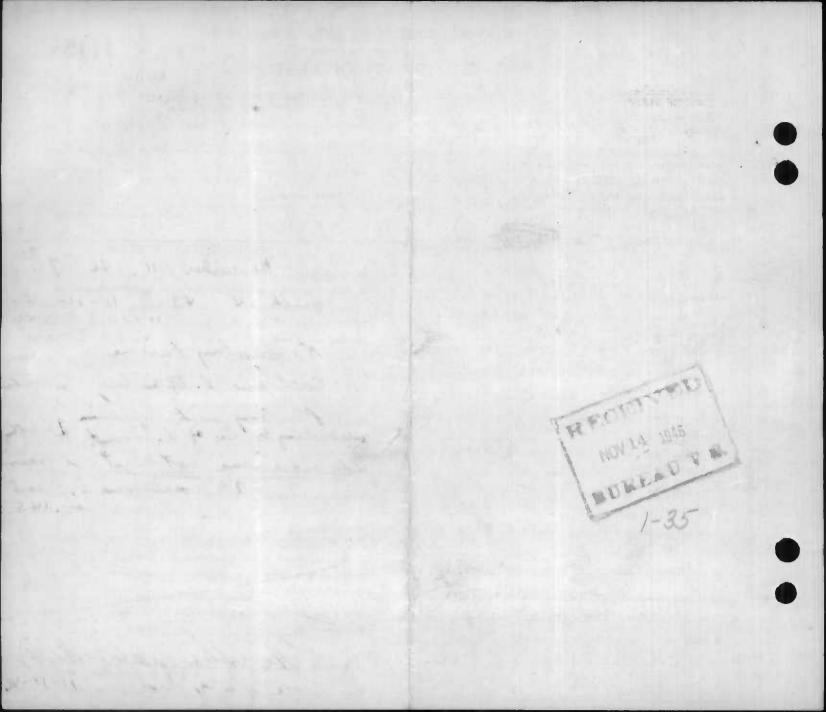
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 223
1. PLACE OF DEATH: County County County City or town Lationna Chart Mary Land (If ourside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address, where death occurred: Unity County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Land County Mary girmery City or town Street No. 9.17 Jak. V. 200 FOR LOCATION) Street No. 9.17 Jak. V. 200 FOR COUNTY (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Calor or race 6.(a) Single, married, widowed, or divorced	578-32-5663. MEDICAL CERTIFICATION 30
Female Cane married	2D. DATE DF DEATH November 11, 19 46, 21 / a M
8. AGE: Years Months Days If less than one day H. S. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.3. to 11. — 11. — 19. 4.6. Immedia: cause of death
9. Birthplace W45hing ton & C. (Town, county, and state) 10. Usual occupation 10. 45e. 4.	Due to Collapse l. upper lung 2 week
11. Industry or business 12. Name Charles Walter Quantiille	secondary to Cay I brand Junty
13. Birthplace Washington, D.C. 14. Maiden name Ellen Wood field 15. Birthplace Washington, D.C.	(Include pregnancy within 3-Months of death) Major findings of operations. Date of on. 145
16. Intermatible shing for Bassitasi um y Hospital records	Antopsy results
17. Buria (Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, a homicide
Location Rigge Rd., Pt. Seo. Co., Md.	Injured at home, farm, Industry, public place (where?)
19. Funeral director Comme C. Cumphry Address Silven Spring (1900)	Msans of injury Injured at work? 23. SIGNATURE
19. (Date ree'd by registrar) Registrar	Address Lefte Sprang/ kind Date signed.

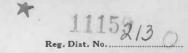


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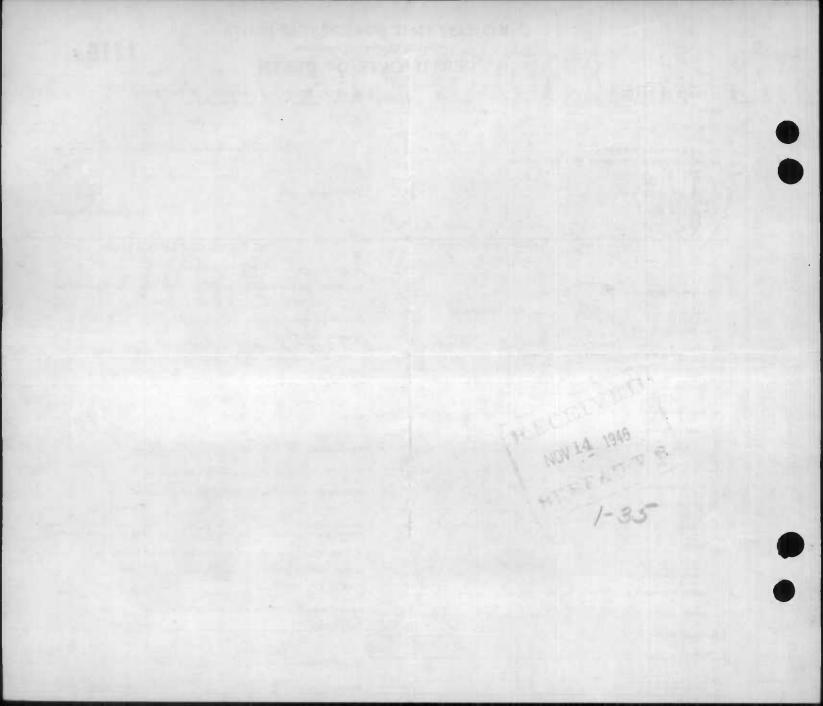
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Many County			
City or town	State NEW YOIS IX - County MINGS		
How long in above place of death?	City or town DROOKLYM. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street NO. 4465 PARK PLACE		
332 E MONTGOMERY AUE	(If rural give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war. No		
3. (a) FULL NAME	3. (b) Social Security Number		
Wallace Fesle Barrett	Non E		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
Tule White married	MEDICAL CERTIFICATION		
made mane married	20. DATE OF DEATH MOVEMBER 5 1946 at 11-PM		
6.(b) Name of husband-or wife SARAH. J.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
U.(U) AZING UI RESOURE OF RIES.	200. 5, 194 6 maly 19		
7. Birth date of	and that I last saw ham. alive on		
deceased (mo., day, yr.) 0 QN - 13-1881.	Immediate cause of death		
8. AGE: Years Months Days If less than one day	auti left viatrecular failure 1/ home		
65 9 22min.			
a alithmas MICHTGOMERY CO MO	Due to Ohronie my acarditis Few		
9. Birthplace (Town, county, and atate)	Cartinoselensis years.		
1D. Usual occupation NETIRED	Due to		
11. Industry or business USGOUT. EMPLOYEE			
12 Name JOHN WALLACE GARRETT	Other conditions Pettis well 10 years		
13. Birthplace MONT. Co. MD.			
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations.		
14. Malden name MARY J HOMPSON- 15. Birthplace MONT. Go- MD	Date of op.		
16. Informant IVLRS LOCILLE MULLINIERUX	Antopsy results.		
Address 332 F. MONTG. AVE NOCK SILLE MO	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, filt in the following:		
17. Burlal, cremation, or removal, Which?) Date thereof. No. 9 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cromatory ROCK JILLE UNION-	Where did injury occur?		
	Injured at home, farm, industry, public place (whye?)		
Location Italy LLE - MadTa Co Mo			
18. Funeral director Warnes & Wampshrug	Mesns of Injury Injured at work?		
Address SILVER SPRING-MO.	7/24 1-18- 2x		
11 O - 1 0 1 1 1	23. SIGHATURE M.D. or other		
(Date rec'd by registrar) (Date rec'd by registrar)	Address Kochwill Tud Date signed 1/6/46.		



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 1917

1. PLACE OF DEATH)	2. USUAL RESIDENCE (HOME) OF DECEASED:
Coupty	(For newborn infants give residence of mother)
of actions along	State County Character County
Oily or town	City or town Sailbeest
How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
monly County In 1779	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tolarenes Co. Loskon	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION (/50)
m 1 m.	
112 17	2D. DATE DE DEATH 11/7 18.56 a. 21 1600 M
Paris 1 - 1 -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11/1/ 13 4/La , to 11/1/7/ 19.4/La
7. Birth date of 4/12/73 - 18 7 3	
7. Birth date of 4/12/13 - 1873	and that I tast saw h
deceased (mo., day, yr.) RACE. Years Months Days If less than one day	Immediate cause of death
S. AGE:	Wisemen 3dags
73 7 5min.	J. J.
mareland	Intersteland ryshriles
9. Sirihpiace	Due 10.
As I also As a second	
16. Usual occupation	Due to Cacelromagination
11. industry or business	
E 12 Nama Eleas Scroken	Dther conditions
12. Nama. The Stroken	Billot Gallations.
	(Include pregnapsy within 3 months of death)
14. Maiden name Many Ales 15. Birthplace Confirm	Major findiors of operations Celeuromo & Hoddle
Contract of	100 11000
21 15. Birthplace	Cleptornal Me Date of op. 1/1/16
16. Informant abances Links	Autopsy results.
Southerden med	PHYSICIAN: Please underline the coase to which death should be charged statistically.
Address acquesty 100	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or regional, Which) Date thereof Lat. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Landwille 2001	Where did injury occur?
location Monte omes Q one	Injured at home, farm, Industry, public place (where?)
Location 22 Traff orming	
18. Funeral director and the Barte	Means of Injury Injured at work?
	mva)
Address by low ille my	23. SIGNATURE M. D. or other
11-20 us Seedoude R Lawles	M, D, or other
19. 11 20 13. 46 Seubride B Jawling Registrar	Address Janes Parks Made signed 11/1.7/

DEC 19 1946
BEREAUVE

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

11161

Rog. Dist. No. 216.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male colored single	
male colored single	20. DATE OF DEATH November 11 19 16 12332 P. M
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of 23 Feb 1892 deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 7. 19. 146., to Novell 19. 146. and that I last saw h. im alive on November 11. 19. 146. Immediair cause of death DURATION
8. AGE: Years Months Days It less than ooe day	Immediais cause of death Chant distance 34400.
514 8 18min.	anterio Schrölic.
9. Birthplace	Due to
	(Include pregnancy within 3 months of death)
14. Malden name Virgie Monday	Major findings of operations
15. Birthplace Virginia	Date of one
Address 1622 15th St., N.W. Washington, D.C.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal, Which?) Date (hereot Nov 12, 1916) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Arlington National Cemetery	Where did injury occur?
Location Arlington, Va.	Injured at home, farm, industry, public place (where?)
18. Funeral director. W. Ermest Jarvis 9.W.H.	Means of Injury Injured at work?
Address 1432 U. St., N.W. Washington, D.C.	23. SIGNATUREF.E. WETZEL LT. (MC) USNR
19. Nov. 12 19 46 many Charlott Smith	Address USMH Bethesda, Laryland Date signed 11-11-46

AND ALEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Date rec'd by registrar)

NOV 18 1915

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2-10

11162 Reg. Dist. No. 2160

		17.59
CERTIFICATE	OF	DEATH

4. Sex S. Cobir of race Months S. Cobir of race White Widowed or divorced Whate White Widowed S. Cobir of race White Widowed S. Cobir of race White Widowed S. Cobir of race White S. C	1. PLACE OF DEATH: County Montgomery City or town. Be the 5 da (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Suburban Hospital How long in hospital or institution? A day. S 3. (a) FULL NAME Nr Thomas R Harney	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	est town)
Male White Widowed 6.(6) Name of husband or wife Martha G. Harney 5.(c) It alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months 9. Birthplace Durnter South Carolina 10. Usual occupation. 11. Industry or business 12. 12. Name. Thomas Harney 13. Birthplace 14. Maiden name 15. Informat M. A. Mee harded a state of persition. 16. Informat M. A. Mee harded a state of persition. 17. Sirthplace 18. Informat M. A. Mee harded deceased from Nav. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1111. 11101143 11 1141		
8. 6. (c) It alive, give age years deceased (mo. day, yr.) 0 V . 6 8 5 9 8. AGE: rear months Days It less than one day 2 1 1 1 1 1 1 1 1 1	10 1 11/6 + 11/1 1	nov 27 46	2 40A .N
18. Birth date of deceased (mo., day, y.) 0 v · 6 8 5 9 8. AGE: Tears Months Days If less than one day Dubation Dub	8.(6) Name of husband or wife Martha G. Harney		ed from
deceased (mon, day, r.) 8. AGE: Years Months Days If less than one day 3. Birthplace. Surnter South Carolina 10. Usual occupation. 11. Industry or business 12. Name. Thomas Harney 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant M. Address / D Earl Julian Astrony 17. Camelery or cramatory. 18. Funeral director Characy Address Sio3 Mr. Am M. Soules 18. Signature 19.	7 Right date of	7. 11	1946
10. Usual occupation. 11. Industry or business 12. Name	8. AGE: Years Months Days If less than one day	bentil. Thembre	
11. Industry or business 12. Name		Due to Certury - sclerose	6 yuu
Bither conditions 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address / O / Eart Juland Ot. Ce Ma (Burial, crematory, Culan Pokel Cern. Location 18. Funeral director. Address 5 / 0 3 Mrs. Ann Tark 21. Signature Bither conditions (Include pregnancy within 3 months of death) Major findings of operations. Major f	1D. Usual occupation	^ 1000	
14. Maiden name Renny		Corney Occlusion 1939	
14. Maiden name Renny	12 Name Inomas Harney Troland		***************************************
Actopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. 24. M. D. or other M. D. or other			
Actopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. 24. M. D. or other M. D. or other	15 Ritholace		
Address 10 / East Sulfamed M. Ce Mid 17 / 1946 17	m. I Maka bless	Autopsy results	
Date thereof (month) (day) (year) Cemetery or crematory. Location to a full of the control of	Address 101 East Zeland St. Cema		tatistically,
Cemetery or crematory. Codar Hell Cern. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Means of injury Injured at work? 23. Signature 24. M. D. or other M. D. or other			
Location 4000 Myllon 12 E. Injured at home, farm, industry, public place (where?) Injured at work? Injured at work? Injured at work? Injured at home, farm, industry, public place (where?) Injured at work? Injured at home, farm, industry, public place (where?) Injured at work? 23. SiGNATURE M. D. or other M. D. or other	Calar Dolill Denn		(State)
18. Funeral director. Cherry Character Time Was of Injury 18. Funeral director. Cherry Character Time Was of Injury 19. Funeral director. Cherry Character Time Was of Injury 19. Funeral director. Cherry Character Time Was of Injury 19. Funeral director. Cherry Character Time Was of Injury 19. Funeral director. Cherry Character Time Was of Injury 19. Funeral director. Cherry Cherry Character Time Was of Injury 19. Funeral director. Cherry C	4000 (1 vel. 0 (1) 1) 9		
Address 5103 No. and n. d. 23. SIGNATURE 23. SIGNATURE M. D. or other M. D. or other	whom show the of	Means of Injury Injured at work?	
11/27 46 Mm 6 when 1222 m. D. 11/2/	A 1- 2-X	Herteel Mailyn n	1
(Daté rec'd by registrar)	19. 11/27 1946 Mm E Julies (Date rec'd by registrar) Registrar	Address 1332 · Mass · One Un Dafe signed.	nother 27/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Malax galvaxx 4	(For newborn infants give residence of mother)
Cily or town	State Maxid Rud County Mant gameny
How long in above place of death? 26 days	City or town Active City or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Lett 1 Carroll Hos.
Washington Sandaruin ad Hospital	(If rural, give LOCATION)
How long in hospital or institution? 26 days	2.(a) If reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
distant w hard by	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Married	20. DATE OF DEATH Havenber 18, 19 46, 21 11 45 P.M
6.(6) Name of husband or wife Ray L Hendrick	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Nams of nusband of wife	Da 10, 10 hov. 7 10 46
7. Sirth date of S. (c) tf alive, give age 7.0 years	and that I last saw h
deceased (mo., day, yr.) Januaru 23 1877	0 11101 01 01
8. AGE: Years Monihs Days if less than one day	Immediais cause Seath Will with circle through
69 9 15hrsmin.	1 We
	Phalile Milliting one ?
9. Birihplace HAV. d. W. I. C. V. W. C. W. C. (Town, county, and state)	Ove 18
10. Usual occupation Housewige	3) House had chine 10-167
3	Dueta
11. industry or business Quen Home	
量 12 Name George W. Hadley	Other conditions from the
₹ 13. Birthpiace Vermont	
MI	(Include pregnancy within 3 months of death)
14. Malden name Elle w 9. wock wood	Major findings of operations.
2 15. Birthplace Vermon t.	Qate of op.
16. informant Washington San Karnin & Hop Ros	Antoppy results.
	PHYSICIAN: Please noderline the cause to which death should he charged statistically.
Address Xakona Park, Md.	22. VIOLENCE: if death was due to external causes, fill in the following:
17 Burial Bate thereof for. 10, 1946.	Accident, suicide, or homicide
(Burial, cremation, or removal. Whigh?) Pate thereo (month) (day) (year)	
Cemetery or cremator Seo. Wash. Manopial Cemetry	Where did injury occur?
Location Kings Good, Styatterile, M.	Injured at home, farm, industry, public place (where?)
	Means of injury injured af work?
18. Funeral director States States	
Address 254 Karrall St. 7. 1 Stone Tank N.	· A Will
- 1 HHIDEN BOAN	23. SIGNATURE M. D. or other
19. (Dafe rec'd by registrar)	5 00 Indeword Day N. D. or other 1/8/4
(Date rec'd by registrar) Registrar	Address Oate signed



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N. S. CHENK S. PARK

2411 N.

Charles	St.,	Baltimore	107		T	12

CEDTIFICATE	OF DE	ATL

			CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DE			,44.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	mother)
County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)		state Maryland cour	nly Ila ja		
(lf c	outside city or town li	mits, write R	URAL and give nearest town)	City or town	, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred		Prince George Ga	ardens
USNH Bet	hesda, Mar	yland	,	(If rural, give	LOCATION)
How long In hospital of	r Institution?7	8 days	······································	2.(a) If veteran, name war World War	I and II
3. (a) FULL NAM HET	E FIELD, Fra	ncis Wa	ard		3. (b) Social Security Number
4. Sox	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	white	ma	arried	20. DATE OF DEATH November 8	19 46 at 0510 Am
6.(b) Name of husband			etfield.,yea	21. I CERTIFY that death necurred on the date abo August 22,	46 1. November 8 1. 46
7. Birth date of 8 deceased (mo., day,	-22-97			and that I last saw halive on	mber 8, 19 46
8. AGE: Years		Days	It less than one day	Immediate cause of death. Broncho	
49	2	16	hrsml	n	
9. BirthplaceWashington, D.C		ation of the ri.			
11. Industry or busines		- 15			
The second secon	arles G. H New York	etfiel	<u>1</u>	Bther conditions	
14. Maiden name Mary Fraymar. 15. Birlholace Was lington, D.C.		(Include pregnancy within 8 m Major findings of operations. Congen: rta kidney & liver	(Include pregnancy within 3 months of death) Major findings of operations. Congenital anamolies of rt. kidney & liver Date of op. 11/4/46		
16. Informant Mrs. Phola J. Hetfield Address Prince George Gardens, Hyattsville, Mc		Autopsy results. Bronchopneumonia. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial	i, or removal, Which?	Date there	of 11-8-16 (month) (day) (year)	22. VIOLENCE: It death was due to external cau Accident, sulcido, or homicide	Date of
Cemetery or cremate	y Arlingt	on Nat	ional Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Arlington, Va.			Injured al home, farm, Industry; publicy place (where?)		
1B. Funeral director	W.W. Cham	bers F	uneral Home	Means of Injury	Jajured al work?
Address 1110	O Chapin S	St., N.	W. Washington, D.	C. Tour	COM (MC) IFN
Nov. 8, 16 many Charlotte Smith		23. SIGNATURE	CAPT. (MC) USN M. D. or other uryland Date signed Nov. 8,46		
(Date rec'd by re	egistrar)		Registr	Address UPINI De oil sud	Date signed

NOV 25 1946

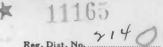
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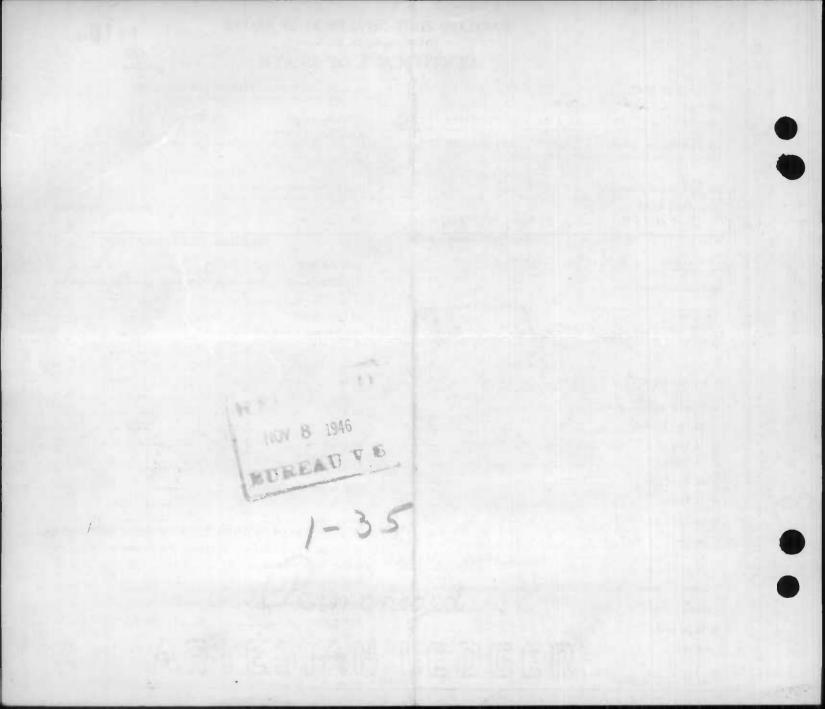
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9350



CERTIFIC	CATE OF DEATH Reg. Dist. No. 7140
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jennie L. Houghton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced famale white hadomed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 4 12:20 Pm
B.(b) Name of husband or wife	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 5 10 00 19 4 6 19 4 6 Immediate cause of death DURATION
Address R. J. D. # Silver Dring Inc. 17. Burial Date thereof Mon. 7. 1. 4. (Burial cremation, or removal Which?) Date thereof Mon. 7. 1. 4. (month) (day) (year burial director Security Description Co. 18. Funeral director Security Driver Security Description Co. Address 291/-14th St. Y. W. Wash.	Autopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE MAD Deate signed MAN 4, 1994



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

4. Sox	County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (a / 3
1. Birth date of deceased (ma, day, yr.) 8. AGE: Vears Months Days It less than one day 7. Birth date of deceased (ma, day, yr.) 8. AGE: North Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 7. Birthplace. Vears Months Days It less than one day 8. AGE: Vears Months Days It less than one day 9. Birthplace. Vears Months Vears Months Days It less than one day 11. Industry or business Vears Months V	4. Sox 5. Color or race S.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
8. AGE: Teas months 12	7. Birth date of deceased (mo., day, yr.) 1873	and thet I last saw h
Due to 10. Usual occupation. 11. Industry or business 12. Name	73 / / / /hrsmin.	
13. Birthplace Free sort, More Scotice 14. Malden name. Charity Anna Lesst 15. Birthplace Free gort Mount State 16. Informant May Frequency Strong Address 1/5 Greenwood Now, Calend Park Mo. (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory. Location Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Mesns of injury injured at work? 23. SIGNATURE. M.D. or other	10. Usual occupation	
Address 6/5 Greenwood (ve. (alcono and 16. Informant Mre Frances to which death should be charged statistically. 17. Dutticle (month) (day) (year) 18. Funeral director L. Later L. L	13. Birthplace Treeport, Mora Scotia	(Include pregnancy within 8 months of death) Major findings of operations.
Cemetery or crematory. Location Mesna of injury injured at work? Address Address Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Mesna of injury injured at work? 23. SIGNATURE Designation M.D. or other	16. Informant Mrs Frances Tenney Israel	Antopsy results
18. Funeral director L. Little Mesns of Injury Injured at work? Address 254 Arraft Affair Sate 23. SIGNATURE Bruss Denjamin M.D. or other	Cemetery or crematory	Where did injury occur?
	18. Funeral director Line Literatural Addition of the Community of the Com	Means of injury Injured at work? Bruce V. Benjamin M.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-m/

CERTIFICATE OF DEATH

T. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Many Ouclay	State Dud county Montgomen
(If outside city or town limits, write RURAL and give nearest town)	A D DOWN
How long In above place of death?	City or town. (If outside city or townshimits, write RURAL and give negrest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 6 Teskette St.
# 1 - (Land Land Day)	(If rural, give LOCATION)
How tong to hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME TITIZA W. John	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manuel	20. DATE OF DEATH 19 November 19 46, 21 8 30 A. M
8.(6) Name of bushand or wife. Frank B Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of Busuama of Wife	3-16- 1946, 10 19 NOU 1946
7. Birth date of	and that I tast saw h. J. Jan
deceased (mo., day, yr.) RAGE: Years Months Days If less than one day	Immediate cause of death
6. Add.	Carcinama gastro-intestinal 2 yrs.
A Canada Marsmin.	7 racr.
8. Birthpiaca (Town, county, and state)	Due to
10. Usuat occupation attack att	Due to
11, industry or business	
12. Name William F. Ishman 13. Birthplace 2nd	Dither conditions Hemorrhage gastrointestinal I month
	Bronchagneumonia bilal terminal 5 days
# 14. Maiden name many R Huneson	
14. Malden name Drang R Humeson 15. Birthplace Vud	Major findings of operations.
71-1-1	Bate of op.
Address 4836 Bladle, Gld	Autopsy results
1 L. 1 Ma- 0 16111	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Claux Hell	Where did injury occur?
Location Sepitland Jud	Injured at home, farm, Industry, public place (where?)
18. Funeral director Deal Funeral House	Means of Injury Injured at work?
Address 48/2 Sa. Ove. 74 W.	eta al ald ha
7 - 19 11 Monte OD	23. SIGNATURE M./D. or other
(Dato rec'd by registrar)	Address 3921 Ungmes St. Wash. D. C. Date signed 19 Nov Pb.



2411	N.	Charles	St.,	Baltimore	942
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	- 1	1100
	1	11086
D	D'	114
Keg.	DISC.	No.

CEDT	TETO	A PETER	OF	DEATH	
U.P.R.L		AIP.		IJP.AIF	۱

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery - 1	-Many Could Thanks
City or town	
How long in above place of death?	City or town
Mospital, Institution, or street address where death occurred:	Street No. J. G. Verou Lainful
	(If rural, givo LOCANION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KARL JOHN KANAMEN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. White Married	20. DATE DE DEATH MOR 14 - 19.46 , at 5: P. M
6.(b) Name of Austrand or wife tolyie Danenan.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9 (a) 16 allies also are	Oct 17 1946 10 20114 1946
7. Birth date of deceased (mo., day, yr.) July 8-1906	and that I tast saw h. J. 23 alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
40 4 6min.	with mocardial infaction 4 weeks
This land	Due to Coronaly artens 5 elfrois
9. Birthplace	
18. Usual occupation Carpouter	
11. Industry or business ,	Duc 70
	Dither conditions.
12. Name Tark our Sananan	
	(Izelude pregnancy within 3 months of death)
14. Malden name Figa Svotoneu	Major findings of operations.
\$ 15. Birthplace fundaut	Date of op.
16. Informant Mrs. 6hre Transact	Antopsy results
Address \$19 Heron. Drine Riber Son	* PHYSICIAN: Please underline the cause to which death should be charged statistically.
B.11 M. 11 18111	72. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or panoval, Which). Date thereof (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Learge Mark Mouvetel	Injured at home, farm, Industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director Albura Ballera	// 1//
Address 1254- Occall Sh Jak Tark	L'aut toll man hit
Francist all Oselling to beelle	23. SIGNATURE and toll mais M. D. or other
(Date rec'd by registrar)	Address / 72 6 Eye) +. NW DC Date signed WW 14 19,
	76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



1-35

2411 N. Charles St., Baltimore (13)

1 16,3 Reg. Dist. No. 216

CERTIFICATE OF DEATH

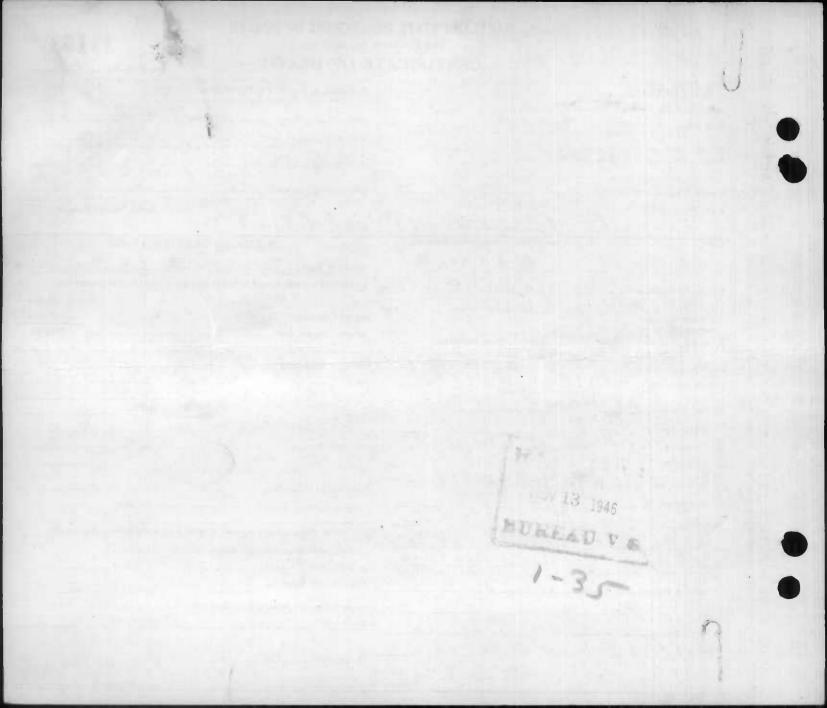
correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Med County Montgown
(If outside dry or town minus, while hoten and give hearest town)	City or town
How long in above place of death?	
nospiral, institution, of artest manifest where about contract	Street No. (Cast True) (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
2 (a) FILL NAME	3. (b) Social Security Number
EMELILY TA	4LOR KELLOGG S.(0) SOCIAL SECURITY NUMBER
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
3 W MARRIED	20. DATE OF DEATH NOVEMBER 15 9 19.46 at 1:30 .
6.(b) Name of husband or wife EDWARD S. KELLOGG	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(0) Name of husband of wife.	TO OTT
No V 19-18 73	and that t last saw h AAA allve on N. W. 10 11. 11.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Stranux - Cerebral
72hrsmin.	hammhage
WASHINGTON - D	Cottypoling hims
9. Sirthplace WASHINGTON-DC (Town, county, and state)	discusse
1D. Usual occupation AT HOME	
	Outrurlersii
11, industry or business	
12. Name. FRANCK ETAYLOR 13. Sirthplace D. C.	Dther conditions
	(Includo pregnancy within 3 months of death)
14. Malden name ANNA MARY WENDELL 15. Birthplace D.C.	
DC.	Major findings of operations.
2 15. Birthplace	- Date of op.
18. Informant Churaid Dlanley Rellegg	Autopsy results
Address # 6 Cast dring of the	
Beriol 11-12-46	22. VtOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory arlungton Trak.	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Van Garceleso Sons	Means of Injury Injured at work?
Address 1 756 Remare, wash D.C.	23 SIGNATURE Vim. Earl Clark
1160 111 Man 7 00	M. D. or other
19. (Date held by registrary) 19.46	Address 1835 Eye Street Date signed 11-9-46



2411 N. Charles St., Baltimore 8320

	-	м		
		-	6	a
		-3		-3-

			CERTIFICA	FE OF DEATH Reg. Dist. No. 216
City or town	Montgome Lethesda Outside day or town the of death? It street address where thesda	(rural 2 hrs death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAM				3. (b) Social Security Number
KIN 4. Sex	IGMAN, Ma	tthew_	Henry USMC Ret	Inact.
				Trade of the contract of the c
male	W-US		Married	20. DATE DF DEATH 16 November 146 015:50
***************************************			ed King ianyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16 Nov. 19.46 to 16 Nov. 19.46 and that I last saw h. 1m. alive on 16th. Nov. 19.46
7. Birth date of deceased (mo., day.	yr.) March	1. 18	390	Immediate cause of death Hemorrage Cerebral DURATH
8. AGE: Yea		Days	If less than one day	Immediate cause of death
	56 8	15	hrsmin.	
10. Usual occupation	USMC re	tired	tate)	Due to Due to Bther conditions.
				(Include pregnancy within 3 months of death)
14. Malden name	unknown unknown			Major findings of operations
16. Informant	lfe: Mrs.	M. K	ingman	Autopsy results
	Address 1211 26th St. Arlington, Va.			PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17Burial, cremation	Burial Bate thereof 11-19-146 (month) (day) (year)			Accident, suicide, or homicide
Cemetery or crematory Arlington, National				Where did injury occur?
	Location Arlington Virginia			Injured at home, farm, Industry, public place (where?)
	18. Funeral director Hines DA Human Garage			Meens of Injury
1B. Funeral director		-	I.W., Wash., D.C.	23. SIGNATURE R.C. PARKER
19. Nov. 1	5 19 46	-	Chellotte Smith	Address USNH Bethesda, Maryland Date signed 11-16-

VS A15

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MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct age

is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Rog. Diat. No. 216

11172

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MA	Siate Maryla County Montgomen
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death	City or town. (If outside city or town limits, write RURAL and give nearest town)
14 W- Lenox St.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs mande drene Kin	yer none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
N. Divorced	20. DATE OF DEATH (VOV. 1) 19 46 21 6 A
8,(¿) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
	04N20 19.76 to 100 19.76
7. Birth date of deceased (mo., day, yr.) Accepted 20, 1884	and that I last saw h 2 2 alive on 19.7
8. AGE: Years Months Days I less than one day	Immediate cause of death
62 2 21hrs. min.	Lambatic luck ainen 7 mos.
8. Birthplace Manhattan, Kousas	Due to.
(10 kii, councy, and state)	DUE 10
10. Usual occupation Andetor Dent of Agric.	Due to.
11. Industry or business US. 200.	
12. Name George Henry Faileys	Dther conditions
14. Majden name Safella Blanch Found	(include pregnancy within 8 months of death)
15. Birthplace, Black Earth his coneins	Major findings of operations.
h : 201-	Date of op.
18. Informant Document	Autopsy results
Address 14 N. Lanox & Cherry Chase Md	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereot. 11/13/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sunset Cemetery	Where dld injury occur?
Location Manhattan, Kansas	injured at home, tarm, industry, public place (where?)
18. Funeral director WTT. Rawben Rumphray	Means of Injury / Injured at work?
Pothordo Warraland	lov ex
	23. SIGNATURE JUM/ Jan m. D.
19. (Dato rec'd by registrar) 196 7m & John Spoistrar	Address 01 Nuradal AW Date signed Nov 1/-1941

NOV 8 LAF

No. 25.

11

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ear and himself Dural	State County County
(If outside city of town limits, write RURAL and give nearest town)	City or town bashington
How long in above place of doath?	(If outside city of town distits, write RURAL and one carest town)
181.D#2 Gormanown	Street No (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex	MEDICAL CERTIFICATION
temas way widower.	20. DATE DF DEATH
8.(b) Name of husband or mile William 2, Nese	21. I CERTIFY that death occurred on the date above slated; that I ettended deceased from
	18 4 10 10 119 119 119
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If loss than one day	Brule MHVCardile 5 da
89 10hrsmin.	
9. Birthplace Paula, 4a	Due to Year arena Soleroses 20 yr
10. Usual occupation Retried 1. S. Foot Certs	
11. Industry or business 24. S. Gav. Office NE	Due to Charles My Caralles
	Other conditions.
12. Name Dela Pa	
	(Include pregnancy within 8 months of death)
14. Maiden name Paul	Major fiudings of operatious
Landin IV 100	Autopsy results.
18. Informant (19.24 7. 1) (19.24 91. E)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1025 10 50 10 1941	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burla), remation, or removal, Which?) Bate thereof (month) (duy) (year)	Accident, suicide, or homicide
Cemelery or cromatory Congessional Cemelery	Where did lajury occur?
Location Maskematon & Co. J.	Injured at homa, farm, industry, public place (where?)
18. Funeral director Zuralle Filmeral Hem	Means of Injury Injury all work?
Address 5/0 C. St. N. E. Washing	Can SIGNATURE MOTOR DIRPOSERS MIC
19. 11-19	5 M - & 5 7 7 F M. D. or other/18/10
(Dato rec'd by registrar) Registrar	Address Date signed Date signed



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48.6)

	Reg. Dist. No
1/ PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County montzeners	(For newborn infants give residence of mother)
City or town Lathama Clark &	State
(If outside city or town limits, write RURAL and give nearest town)	City or lowe
How long in above place of dealh?	4 0
100 Daltemore are	Street No. 32.17 With Ale Zi. W. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
7. W Wedawsel	20. DATE OF DEATH 1946 21 23 P-M
8.(b) Name of husband or wife I show	2f. I CERTIFY that death occurred on the date above stated; that Tattended deceased from
	Jan 12 1995, 10 hor- 14 1846
3. Birth dale of S. (c) If alive, give age	and that fast saw h en alive on how. 13 1846
deceased (mo., day, yr.) ferre 7 /8/0	Immediate cause of death
8. AGE: Years Months Days If less than one day	multiple Cerebral
/6 hrsmln.	Herm Fra. 23 mas.
9. Birthplace (Town, county, and state)	Due to Caremond - Uleron 6 mos
10. Usual occupation Housewife	***************************************
1f. Industry or business	Due to
	· arthrilis
4	Other conditions
13. Birthplace	(Include pregnancy within 8 months of desth)
# 14. Malden name College with Schmids	Major findings of operations.
14. Malden name.	Date of op.
18. Informant Di: Charlattle Kleen	Autopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Hadisa da la	22. VIOLENCE: If death was due to external causes, filt in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Languession as Com.	Where did injury occur?
Location Wash & D:	Injured at home, farm, industry, public place (where?)
18. Funeral director I Mille and Leis Louis	Means of Injury Injured of work?
Address 300-4 ch St. En.	p of sely
11-15 46 MIDE AR	23. SIGNATURE
(Date rec'd by registrar)	Address SG & Cath. Cer. 1 W Date signed /1-14-40
	Worlde.

NOV 16 1946

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

	1	11	74	
Reg. Dist.	No	2.	43	C

1. PLACE OF DEATH 200	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)		
County	(For hemoorn infants give residence of mother)	MINN	
City or town	State County	2007	
How long in above place of death?	(If outside city or town limits, write RURAL and give nea	rest town)	
Hospital, institution, or street stidress where doubt occurred.	7313- Person 13 1 and) Rd	
7303 kney /2 Rd.	Street No. (If rurst, give LOGATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Ellen M. Jange			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	10	
+ w undar	20, DATE OF DEATH 28 November 1946	110-P	
Sothus -	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from	
6.(b) Name of husband or wife	march 13 1946 1028 Nov	19.46.	
7. Birth date of	and that I last saw h la alive on 28 Nov. 1946	19	
deceased (mo., day, yr.) //6/ 1880	Immediate cause of death.	DURATION	
8. AGE: Years Months Days It less than one day	Cerebrol Hemonicage	3 lus.	
66 10 12hrsmin.		***************************************	
1) anulust	We sutmain Heart	Several	
9. Birihplace	Due la Milliana de la Companya de la	gen.	
10. Usual occupation	V 2 V 5 0 2 .		
0 1	Due 10	*,*************************************	
11. Industry or business			
12. Name Demace Demack	Other conditions	***************************************	
13. Birthplace	(Include pregnancy within 8 months of death)		
14. Maiden name and Miles	Major findings of operations. 71		
15. Birthplace D Emman	Dale of op.	•	
Petera Hansen	Antopsy results.		
16. Informant 27.2 — 14 — 1	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address 0// 3 4 A 104	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Cromative Date thereol 110. 37/796	Accident, sulcide, or homicide		
(Burial, cremation, or removal Which?) (month) (day (year)			
Cemelery or crematory.	Where did injury occur?	(State)	
Location 300- 4. 27. M.E	Injured at home, farm, industry, public place (where?)		
1 Wm Telo Sons Co	Means of Injury Injured at work?		
18. Funeral director	MAA	0	
Address 300 - 4 M. 118 THE WARNER	23 SIGNATURE ASSOCIALLY M.	W.	
. Mar 29 14 From Down	Marcel a Late of A M.D.	or other	
19. (Date rec'd by registrar) (Bate rec'd by registrar) Registrar	- Address 1/2 Wellow the the many out lighte signed.	C1000 76-	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 2/3

1. PLACE OF DEATH: Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			and	State Maryland county Montgomery	V
City or town			URAL and give nearest town)		
How long in above place of de	ath? 20	years	•••••••••••••••••••••••••••••••••••••••	City or town Rockville, Maryland (1f outside city or town limits, write RURAL and give neare	
Hospital, Institution, or street	and Ave	Boc Roc	kville. Md.	Street No. 212 Maryland Avenue	***************************************
***************************************				(If rural, give LOCATION) 2.(a) Il veleran, nama war	
	TUTION?		······································		
3. (a) FULL NAME				3. (b) Social Security No	
			EIZEAR	218-09-4288	8
	Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	9
Male	White.		rried	2D, DATE DF DEATH November 20, 1946	8:30
6.(b) Name of husband or w	marie	Leiz	ear	21. I CERTIFY that daath occurred on the date above stated; that I attended dacease	ed from
) If allve, givo age62 yeara	10 10 10 10 Mat 10 10 10 10 10 10 10 10 10 10 10 10 10	19.46
I. Birth date of				and that I last saw h Marcalive on 120 19	18/6
deceased (mo., day, yr.)	March	Z4, L Days	8 / 1 If less than one day	Immediais cause of death	DURATION
0. 1.0	7	26		Corenary thrombous	2day
75	1	20	hrs. min.		
9. Birthplace Mai	ryland	eounty, and s		Due to	***************************************
D			Fire Ins. Co.		**************************
	LC., G. A 1911	A.U.U.EL	E.11.6111.5	Due to	
11. Industry or business	d - (m)		T		***************************************
12. Name Frai			Leizear	Other conditions	
	Maryla			(Include pregnancy within 3 months of death)	
置 14. Maiden namo	Mary J.	John	son	Major findings of operations.	
14. Maiden namo	aryland	1		Major unumgs of operations.	
Elis	zabeth	R. Le	izear (daughte		
				PHYSICIAN. Please maderline the cause to which death should be charged str	tistically.
			. Rockville, Md	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buria) Burial Bato thereol 11/23/46 (Burial, cremation, or removal. Which?)			(month) (day) (year)	Accident, suicide, or homicide	22
Comotory or cromatory Woodside Cemetery			etery	Whera did injury occur?	(CA - A -)
			^		State)
Location Brinklow, Maryland			1.)	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	m. TEG	bru	Tump lucy	Meana of Injury Injured at work?	
	rille,			23. SIGNATURE J. D. Hartley Mr. E.	
11 22	11	Q		23. SIGNATURE M. D. or	other ,
19. 11-22 19 46 Bill Gene Sruples (Date rec'd by registrar)				Address Rockielle Med	1/22/46



MARYLAND STATE DEPARTMENT OF HEALTH

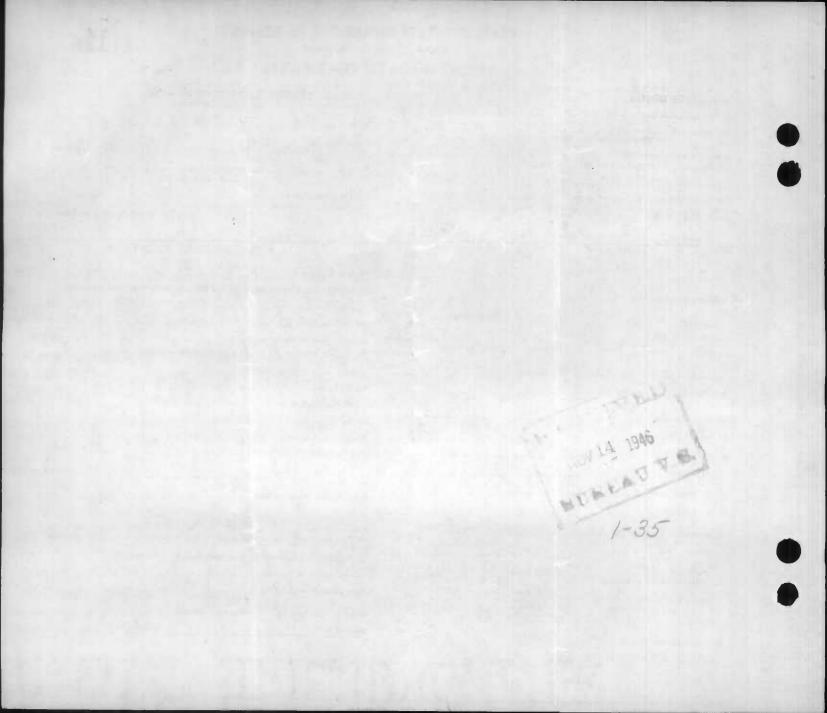
2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH



11176 Reg. Dist. No. 223

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Montgomery B	State Ma County mangomery
(If outside city or town limits, write RURAL and give nearest town)	City or lown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of Death	Street No. 7704 Blair Rd
Washington Day + Haspital	(If rurel, give LOCATION)
How long in hospital denstitution?	2.(a) If veteran, name war
Rina Levine Mrs (Soul)	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fe White Widow	2D. DATE DE DEATH 1000 12 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	19 10 10 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: A Years Months Days If less than one day	Immediate cause of death DUBATION 5 days
hrsmin.	
Russia	met Orteriorlesses and
8. Birthplace	artiril pyperlenein undun
1D. Usual occupation	Duo to
11. Industry or business	A. A
12. Name May Lavine of tuse 13. Birthplace Russia	Dther conditions / Synt Madurate parties -
E C 0, +1 22	(Include pregnancy within months of death)
14. Maiden name	Major findings of operations.
mes Ora dase Cahen	Actopsy results Not pormatte of
16. Informant 1500 Deargia are N. W D	RHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4000 opening to 11.00 A	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removel. Which?) Daje thereol (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Beth Sholm	Where did Injury occur?
Location Cafeetal It's mil'	Injured at home, farm, Industry, public place (where?)
B Danish I love	Means of Injury Injured at work?
Address 3501- 15th St 7071111	bladenes 1 /2 mar 1 740 D
Address 12 41 State A Dollar	23. SIGNATURE MULLIUM M. D. or other
19. Mrt. (3 19.76)	Address 45 Carriel Quy, Date signed Con 3 46



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MARYLAND STATE DEPARTMENT OF HEALTH

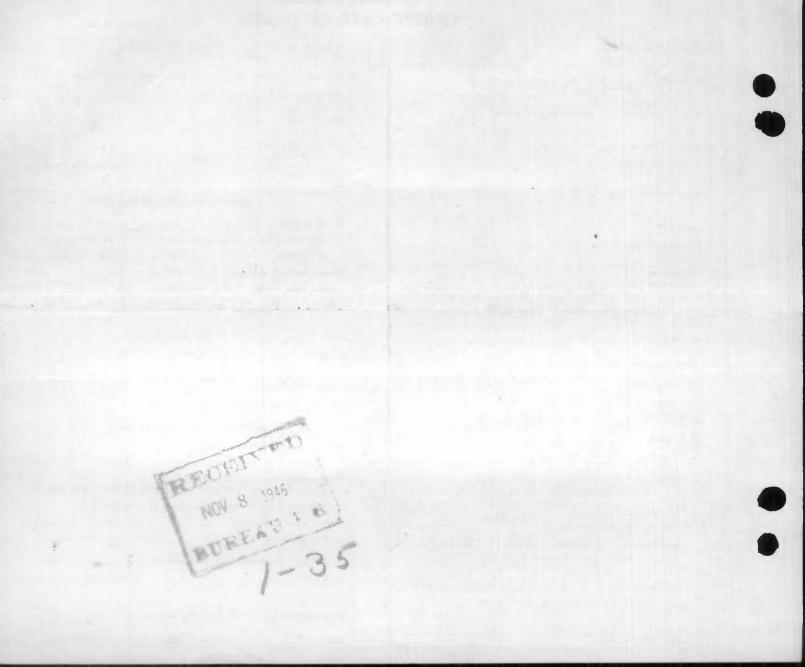
2411 N. Charles St., Baltimore 1370

No	-1	4	1	29	july
女	1	£	1	6	6

CERTIFICATE OF DEATH

Reg. Dist. No. 2160

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:	
county Monday May	manuland	y mordae	mery
(If outside clay or town limits, White RURAL and give nearest town)	City or town . Chevy	Marel	
How long in above place of death?	Street No. 28 Kon School	-4-11 -1	rest town)
Sulurban Dospila	Street No. O. C. (If rural, give	pt. bot V Nov	
How long in hospital or institution?	2.(a) tt veteran, name war		***************************************
3. (a) FULL NAME	•	3. (b) Social Security	Number
mrs. Elizabeth lun dew	es	anon	
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Temale white willow	20, DATE OF DEATH 107 - 3	1946	11115P
6.(b) Name of husband or wife Seulea 3 Santa	21. I CERTIFY that death occurred on the date abo	A	
	Jr. 19.		. /
7. Birth date of deceased (mo., day, yr.) 011A - 17A 1882	and that I last saw halive on		19. 9. 6
8. AGE: Years Months Days It less than one day	Immediate cause of death	0 CONU	DURATION
64 2 7hrsmin		•	
9. Birthplace Ohio	Due to Carolin - ca	aculm	
9. Birthplace (Town, county, and stote)		- Live Da	·
10. Usual occupation PNDUSLIMITAL	Due to The starten	an ~	4-44
11. Industry or business			
12. Name Cuglil MA Fall 13. Birthplace Olive	Other conditions		
	(Include pregnancy within 3 n	nonths of death)	
14. Malden name JAMA Sleveus 15. Birthplace Mich -	Major findings of operations		
		Date of op	
16. Informant Mr. Robert Cason	Autopsy results	ich death should be charged	statistically.
Address 28 Hesketh St. Chevy Chase, M	22. VIOLENCE: It death was due to external cau		
17 Cremation 18 Date thereof (month) (doy) (year)	Accident, suicide, or homicide		,
Cemetery or crematoryCedar Hill Cemetery	,		(Chh)
Monwland	Injured at home, farm, industry, public place (wh		
	Means of Injury	Injured at work?	
18. Funeral director College C			
Address Bethesda, Maryland	23. SIGNATURE LES LEVER CO.	Gouerno	501 2
19. 1/5 1946 Jm E Jole (Date ree'd by registrar) Regions	* ^ ^ /	M. D.	or other
(!)ate rec'd by registrar) Registrar	r Address 771-2000 och	Date signed.	11/4/5



	2411	14.	Charles	51.,	Dait	imore	7349
CER	TII	FI	CATI	E)F	DE	ATH

4	44	1 19 0	
	11	110	-
Reg. Dist	. No	216	1

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
, County Montgomery	
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 31 hours	City or town. Washington. D. C. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 2853 Ontario Road
USNH, Bethesda, Maryland	(If rural, give LOCATION) World War I
How long in hospital or institution? 30hrs. 50min.	2.(a) II vectorii, neste man
3. (a) FULL NAME	3. (b) Social Security Number .
MANNING Franct Burn 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH November 23 19.46 at 8:30 Ai
6.(b) Name of wife Ruby S. Manning	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(e) It alive, give age	22 November 1940 10 23 Mov. 19 40.
7. Birth date of	and that I last saw h. im alive on 23 Nov. 19 46
deceased (mo., day, yr.) Jan 23, 1888 8. AGE: Years Months Days 11 less than one day	Immediate cause of death OURATION
58 9 0hrs.	myocardial Inforction 48 h
	car angent the medians. Whi
9. Birthplace Richemond Vinginia (Town, county, and state)	Due to.
10. Usual occupation Veteran	
11. Industry or business	Oue to Letter
I 12 Name William Joseph Manning	Other conditions Pulmonery congestion
13. Birthplace Boston, Mass.	
# 14. Maiden name Margaret J. Sullivan	(Include pregnancy within 3 months of death)
14. Maiden name	Major indings of operations.
x 15. Birthplace RICHMONG, VIRGINIA	Oale of op.
14. Malden name Margaret J. Sullivan 15. Birthplace Richmond, Virginia 16. Informant Wife: Mrs. Ruby S. Manning	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2853 Ontaro Rd., Wash., D.C.	
Burial Date thereol 11-26-46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory National Constary	
Location Arlington, Va.	injured at home, farm, industry, public place (where?)
18. Funeral director Hines Funeral Director Z.L.	Means of Injury Injured at work?
Address 2901 14 th St. NW Washington	C. W. THOMPSON
man Chait the Sound	23. SIGNATURE COMOR (MC) USNR M. D. or other
19. 23 Nova 19 46 Mary Charlotte Si (Date rec'd by registrar)	trar AddressUSNH Bethesda Md Date signed 1-23-46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The office age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15 11/29/46

DEC 3 1946

2-2160- 2-10

MARYLANI	STATE	DEPARTMENT	OF	HEALTH
ATTEMATE I LAMERY	7 0 P E	TARTER STATE OF THE PARTY OF TH	(//	

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

17.J Reg. Diat. No. 216

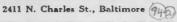
T. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county Montgomery	State Da C. County			
City or lown. Be the sda. (rural) (If outside city or town limits, write RURAL and give nearest town)	Wagington			
How long in above place of death? 3 CLAYS	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 1342 Valley Place, S.E.			
US Naval Hospital, Bethesda, Md.	Girursi, give LOCATION) Ast World War			
How long in hospital or institution?	2.(a) If veleran, name war.			
3. (a) FULL NAME McCRORY, Hugh John, VAP	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male W-US single	20 DATE DE DEATH 28 November 19 46 21 10:45A			
6.(δ) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 Nov. 1846, to 28 Nov. 1846			
	and that I last saw h im alive on 28 Nov. 18 46			
7. Birth date of 29 June 1898 deceased (mo., day, yr.)	Immediate cause of death DURAMON			
8. AGE: Years Months Days If less than one day	Neworkey Esophoged vary 5 days.			
48 4 29hrsmin.				
Washington, D. C.	Due to Circliais Whophie Liver 2 yr.			
8. Birthplace Washington, D. C. (Town, county, and state)	DUC 10			
10. Usual occupation Veteran	Due to			
11, Industry or business	900 10			
量 12. Name John McCrory	Other conditions			
In a litholace Ireland (dec)	OTHER CONDITIONS			
	(Include pregnancy within 3 months of death)			
14. Maiden name. Mary Cane. 15. 8irthplace Ireland (dec)	Major findiage of operations.			
	Date of op.			
16. Informant sister: Mrs. Nellie Deckelman	Antopsy results			
Address 1342 Valley Place, S.E., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
77 20 16	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremstion, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Ift. Olivet	Where did Injury occur?			
Location Washington, D. C.	tnjured at home, farm, industry, publyc place (where?)			
	Meens of Injury Injured at work?			
18. Funeral director. Thomas F. Murray A. M. A. 2007 Nichols Avenue, S.E., Wash, D.C.	Willy momen fr.			
Address 200, NICHOLS AVENUE, Sons, wash, Joco	W. A. DINSMORE, Jr., Lt.cdr. (MC) USN			
19. 11-29 19 16 Mary Sharlotte Smith	M. D. or other			
(Date ree'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 11-29-46			

DEC 10 1946

2-2160 -- 2-10

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MARYLAND STATE DEPARTMENT OF HEALTH





1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State Mangle County Mantymany
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street, address where death occurred:	Street No. 903 House (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Walter Mal	utosh
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manual	20. DATE DE DEATH
6.(b) Name of husband or wife Lilly D. M. Sutosh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jed Mel 22 19 10 19
7. Birth date of 1969	and that I last saw h alive on 15
deceased (mo., day, yr.)	Immediate cause of death
o. Auc.	die
77 - 4hrsmin.	Cormany occlusion and
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Duft - Commission stores	
	Due to
11. Industry or business	
12. Name	Other conditions
El Colla	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations
El 15. Birthplace	Daie of op.
18. Informant	Antopsy results
Address 903 Flower Roz Jelmen	
17 Burial Date thereof Nov. 12 46	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident suicide, or homicide
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Modiacott salescol of transcription
Cemetery or crematory	Where did injury occur?
Location Washingham 5 T	Injured at home, farm, Industry, public place (where?)
18. Funeral director Stoff Lines Eo	Means of Injury Injured at work?
and a supplemental	To Bowschart M. U.
Address 2014 - STORY	23. SIGNATURE. M. D. or other
19. Water pacid by registrary 19.4 6. Registrar	Address Harry Parkers and Date signed 1-9-46



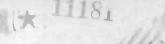
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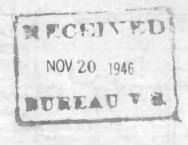
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery				Many land		
City or town. Silver Spring, Mds. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? One Month				State. Marytard County Montgomery City or town Chevy Chase, Md • (If outside city or town limits, write RURAL and give nearest town)		
How long in above place	of death?	e Monor	I	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or				Street No. 6307 Oakridge Ave.,		
708 Slig				(If rural, give LOCATION)		
How long in hospital or institution?				2.(a) If veteran, name war. No.		
3. (a) FULL NAME				3. (b) Social Security Number		
		RGARET				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Single	20. DATE OF DEATH DESTRUCTION 16 19 46 , at 4 P. A.		
6,(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
				January 1946 to november 161946		
7. Right date of			e) If alive, give ageyears	and that I last saw h = allve on howenter 15 18 46		
deceased (mo., day, y	Sept.7t	h., 1870		Immediato cause of death . Angeriatory Tailors OURATION		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of deals		
76			hrs min.			
T						
8. Girthplace	OW8.	county, and	tate)	Oue to.		
	None	, 0,2,10,0				
10. Usual occupation		, 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	••••••••••••••••••••••	Oue to		
1t. Industry or business						
별 12. Name	seph Mick	le	•••••	Other conditions		
12. Name J. S.	Phil.Pa	•				
14. Maiden name Jane Nalmsburg 15. Birthplace Ohio			7	(Include pregnancy within 3 months of death)		
O 45 Plethalose	Ohi	0		Major findings of operations		
= 1 15. Birtingiace				- Oate of op.		
16. Interment		t Mick	**********************************	Antopsy results.		
Address 6307-Oakridge Ave.Ch.Ch. Md.			h.Ch. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
. a. :	-0	8.4. 11	Nor 18, 1941	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Alanders Standard Landers				Where did injury occur?		
Location adving Lowa				Injured at home, farm, industry, public place (where?)		
18. Funeral director Thery Chase Funeral Jom			Funeral Hom	Means of Injury Injured at work?		
Address 5103-Wisconsin Ave. N.W. Washington D				· Si SIGNATURE Frank G. Jagres J. M.D.		
19. Nov. 6 19. 46 Josephine in Athaeffe Replyar				Address 8016 Newsaton Per Date signed 11/K/sc		
(Date ree d by re	giotial)	0	registrat	Vielberte		



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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

本	- 1	1184/
Reg.	Dist.	No. 216

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	City or town. (If antelde city or pown limits, write RURAL and give nearest town)		
How long in above place of death?			
Interpass Hoopital	Street No. 39/5 Nove 5.		
Now long in hospital or institution?	2.(a) If reteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
MARIA JACKSIE MI DOLE TON 4, See 5. Color or race 8. (a) Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION		
F. W. Widowed.	20. DATE DE DEATH AT 2016 1946 11 2 9 M		
8.(b) Name of husband or wife CLARENCE C. MIDDLETON	2f. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
7. Birth date of 7. Co. (2)	18. 7 10 Share 20th		
1. Birth date of deceased (ma., day, yr.) #PRIL 9, 1863	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cases of death		
83 8 //hrsmio.	A father		
8. Birthplace THE PLAINS, FAUGULER, VIRGINIA (Town, county, and state)	Due to		
10. Usual occupation. J+OUSEWIFE	Bed Townshipston - 4		
1f. Industry or business	Due to Dead ausstrally Wisam Theleths		
E 12 Name JOHN MOFFETT	Other conditions Fracture of 1st lish - 4 1000018		
13. Birthplace THE PLAINS, VA.			
# 14. Maiden name JANE SILCOTT	(Include pregnancy within 8 months of death)		
14. Malden name JANE SILCOTT 15. Birthplace THE PLAINS VA. 15. Interpret MRS. MOFFETT SPILMEN	Major findings of operations.		
MOS AN CESTA CO'L MAN	Date of op.		
10. 1810(1820)17	Autopsy results PHYStCfAN: Please underline the cause to which death should be charged statistically.		
Address 2915-PORTER ST. N.W. WASH. D.C.	22. V(OLENCE: If death was due to external causes, fill to the tollowing;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or humicide.		
Cametery or crematory	Where did injury occur?		
Location Middlehura - Ua	tnjured at home, farm, industry, public place (where?)		
18. Funeral director S. H. William Co.	Means of Injury fell gracing from talured at work?		
Address 21 - Long 6) C	ted to trast - 1/ping - Oct 12 th 46		
7 100 11 36 8 0 0	23. SIGNATURE Thomas M. D. or other		
18. (Date rec'd by registrar)	Address 3.74/ Herridges g loss of Bate stends (1/22/4/6		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

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	III	1		UL	IJE.A	

216 Reg. Diat. No ...

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mantgamery	State D. C. R. County		
City or town			
How tong in above place of death? 3 day.s	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 215 8th St., SW		
U. S. Naval Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or Institution? 3½ days	2.(a) If veteran, name war World Wer I		
non long in nospital of institution	The second secon		
3. (a) FULL NAME	3. (b) Social Security Number		
MOCKABEE, Amos Asherry 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widowed	20. DATE OF DEATH. 23 November 19. 46, at 5:25A		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	18 Nov. 10 46 to 23 Nov. 10 46		
7. Birth date of	and that I last saw h IM. alive on 23 Nov.a		
deceased (mo., dey, yr.) March 28, 1890	Immediair cause of death Manua OURATION		
8. AGE: Years Months Days If less than one day	Long		
brsmin.			
9. Birthplace Washington, D. C. (Town, county, and atate)	Due to Chrome flomenlangh.		
10. Veval occupation Painter			
1U. Ueuzi occupziion	Oue to		
11. industry or business			
12, Name Henry C. Mockabee	Other conditions fuggerous		
12. Name Henry C. Mockabee 13. Birthplace Washington, D. C.	part disease years		
¥ 14. Maiden name. Sarah Lanseby	(Include pregnancy within 3 months of death)		
	Majur findings of operations		
15. 8irthplace unknown	Date of op.		
16. Informant Sister: Mrs. Laura V. Ellis	Antopsy results. Anne		
	PHYSICIAN: Please underline the cause to which death shunfd be charged statistically.		
Address 73 Bates St. NW Wash. D.C.	22. VIOLENCE: If death was due to external causes, filt in the following:		
Burial Burial Date thereof (month) (day) (year)	Accident, eulcide, or homicide		
Cemetery or crematory National Cemetery	Where did Injury occur?		
Location A rlington, Virginia	Injured at home, farm, Industry, public place (where?)		
18. Funeral director W. W. Chambers M.R.	Meens of Injury Injured at work?		
Address 1400 Chapinst. NW Conf.	C. W. THOMPSON		
man that it so the	23. SIGNATURE		
10 11-23 1.46 Mary Charlotte Smith	h Coman (MC) IISNR		
(Date rec'd by registrar) Registrar	Address USNH Betherda Ma Date elgned 11-23-46		

DEC 3 1946

2-2160-2-10

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

e cor	1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
information carefully. The	City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Mos. 1 day Hospital, institution, or street address where death occurred: USNH, Bethesda, Md. How long in hospital or institution? 3 Mos. 1 day	Route #1	
rmati	3. (a) FULL NAME	3. (b) Social Security Number	
ING of infe	MUSSER Charles Junior 4. Ser S. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH 28 November 19,46 21,0700	
VED FOR BINDING Supply every item of ease write the causes	B.(b) Nama of huaband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 27 Aug. 19.46 to 28 Nov. 19.46 aed that I leet saw him_alive on	
TED F	8. AGE: Years Months Daya 11 lese than one day 21 8 12	Immediais cause of death Brain Tumor DURATION	
RGIN RESERVED ADING INK. Supi Physicians: please	8. Birthplace Penn (Town, county, and state) 10. Usual occupation United National State (Town, county, and state)	Oue 10. Bayespin Sant my Lackward 6 hours	
≪T LT.	12. Name Charles Musser 13. Birthplace Penn	Other conditiona	
WITH UNI	14. Maiden name Sally Miller 15. Birthplace Penn.	(Include pregnancy within 3 months of deeth) Major findings af eperations Malaysacasal 19 season Date of op.	
PLAINLY, W	16. Informant Mrs. C. J. Musser Address Rd #1 Halifax. Penn.	Anlopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, till in the following: Accident, suicide, or homicide	
PLAII is espe	17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Camatary (month) (day) (year)		
9-45 WRITE	Location Millersburg, Penn. 18. Funeral director. N. W. Chambers 188.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
VS A15	18. Funeral director	Weaver Lt. (jg) MC USNR USNH Bethesda, Md. Date signed Address.	

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2-2160 - 2-10

2411 N. Charles St., Baltimore 920

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3/12	11	185
		216/

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diet. No.
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethesda (mral) (If outside city or town limits, write RURAL and give nearest town)	State D. C. Couoty
How long in above place of death? 6. hours 5 min. Hospital, institution, or etreet address where death occurred: USNH Bethesda, Maryland How long in hospital or institution? 6 hours 5 min.	(If outside city or town limits, write RURAL and give nearest town) Street No. 705 17th St.s. Na.1.a. (If rural, give LOCATION) 2.(a) It veteran, name war World War I
3. (a) FULL NAME	3. (b) Social Security Number
NASH, Thomas Jefferson	
4. Sox 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. MOVEMber 21 19.16 31 2:05 Pm
5.(b) Namo of hosband or wife Prande Growne 7. Birth dato of 8-20-86 B.(c) It alive, give age 5.2 years	21. I CERTIFY that death occurred on the date above etated; that I ettended deceeeed from Nov. 21. (1000). 18. 16. to Nov. 21. 19.16. and that I leet eaw h. im. alive on November 21.
deceased (mo., dey, yr.) 8. AGE: Yoare Monthe Days It lees than one day	Immediais cause of death
60 3 1hrsmin.	myocardial Infantion 12 hour
8. Sirthplace	Oue to COR. art. Scler.
10. Veual occupation Hemeral accountant	Dua to
E 12. Name Thomas Jefferson Masks	Other conditions Pulmonary fibrais,
14. Malden name 14. Malden name 15. Birthplace (anharon)	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace continuous	. Date of op.
t6. Informant Son: Thomas J. Nash	Antopsy results. Os above PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese 705 17th St., N.W. 17. burial (Burial, cremation, or removal. Which?) Date thereof. Mov. 25, 1946. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicido, or homicide
Cemetery or crematory Arlington National Cemetery	Whera did Injury occur? (City or town) (County) (State)
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?
18. Funeral director. W. W. Chambers J. C. Joone.	Cu Thompson
Address 1100 Chapin St., N.N. Wash, D.C.	23. SIGNATURE C.W. THOMPSON LT. CMDR. (MC) USNR
19. Nov • 21 t9 46 Hary Charlotte Smith Registrar	USNH Bethesda, Md. M. D. oppthe 21,46

PLEASE VS A15

DEC 3 1946
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2-2160-2-10

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0/

11180

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgornery	
City or town Bethesda MAY4 And (If outside city or town timits, write RURAL and give nearest town)	State MARY AND County
How long in above place of death? Sivice 11-15-46 (10P.VVI)	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No 101 E. Under Wood
Suburban Hosp 8600 Old George town R	(If rural, give LOCATION)
How long in hospital or institution? Since 11-15-46-16 Prog. 13et	2. a d veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
- Na. 1 .1. 11 0 al	of (o) position pectately framest
4. Sex 15. Color or race 6. (e) Single married, widowed, and warred	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION 15
T W.	20. DATE DF DEATH 11-17 19-410 at 7 A. M
B.(b) Name of husband service Tohn O'Shed	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Thow 15 1944 to Flow 17 1946
7. Birth date of	and that I last saw h en allye on There. 16 19.56
deceased (mo., day, yr.) October 4, 1873	Immediate cause of death
8. AGE: Years Months Days It less than one day	auto carolise
73 13hrsmin.	Xalue 22lua
a side San Francisco California	Due to Carolia - mascular
9. Birthplace Savi Tyang (Town, county, and state)	Leve School Dien
1D. Usual occupation Household dulies	Due to The Selenamen 3 year
11. Industry or business	DUS TO.
12. Name Hilliarvi Holcovio	Other conditions
al 13. Birinplace 1. Hero Island, VER VITOVII	(Include pregnancy within 3 months of death)
14. Malden name Louisa Carr 15. Birthplace Lexington, Kentucky 16. Informant	Major findings of operations
\$ 15. Birthplace Lexington Kentucky	Date of op.
18. Informant Hospice and	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Bureal, cremation, or repayal, Which?) Date thereof Nov. 20-46 (mgonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chilaston Hat Carr	
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director The D. H. Hises Co.	Meens of injury Injured at work?
00, 11/4-1-1 1/1	
Address 1901-14 DT. 7/- 1/h- Hash how	23. SIGNATURE LISEREN COMMUNICATION
19 11/17 19 46 Mm & Value	M. D. or other
(Date rec'd by registrar) Registrar	Address 3 21- Long Common Date signed 21/22/2019



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

1181 Reg. Dist. No. 218

1. PLACE OF DE	ATH:	Montg	Co.	2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Germantown, Rural, Senica M			7	(For newborn infants give residence of		
City or town	AG LINSHIP C	ال و المالا	URAL and give nearest town)	State	unty	***************
How long in above place		10hr		City or town. Washing ton (If outside city or town limits 2817-28th St	write RURAL and give near	rest town)
***************************************			***************************************	(lf rurai, give	LOCATION)	1/
How long in hospital or	r Instillution?	*************	***************************************	2.(a) If veteran, name war		V
3. (a) FULL NAM	E				3. (b) Social Security 1	Number
	Thom	190 E	dward Parrish	Tn		
4. Sex	5. Color or race		, married, widowed, or divorced		ERTIFICATION	
Male	White	2	larried			
111111	MUTCA		ar.i.rea	20. DATE OF DEATH. NOV 30.51	19 46	at 5 : 00 P. M
6.(b) Name of husband	or wife Co	nora	A Parrish	21. I CERTIFY that death occurred on the date abo		
			50	Dep med Eva 19.		
7. Birth date of	**************************************	6.(c)	8th 1895	and that(Last saw halive on		10
deceased (mo., day, y		ngh	Oct. 1090	Immediate cause of death.	,	DURATION
8. AGE: Years		Days	If less than one day	rumcolate cause of death		DUNATION
1895 5	1 8	55	hrsmln.	Cat. t. Cordina	AOTE:	2 40-
9. Birthplace	Lynchbi		la,	Due to		2 mm.
		onnty, and st				
1D. Usual occupation	Palni	ior &	Decorator	Due to		***********************
11. Industry or business				***************************************		
12. Name	homas E	Parr	Lsh	Other conditions		
13. Birthplace	Ve	,				
	Margaret	t Du	dley	(Include pregnancy within 3 n	nenths of death)	
14. Malden name 15. Birthplace		/a,		Major findings of operations	***************************************	
15. Birthplace						
16. Informant	Comora P		rish	Autopsy results		
Address	2817 -281	th St	N W, Washingto	PHYSICIAN Please underline the cause to wh		tatistically.
				22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17. Burial, cremation,	141]	Date there	(month) (day) (year)	Accident, suicide, or homicide		
			n			
				Where did injury occur?(City or town)	(County)	(State)
Location	OKUI DIA	EHE DU	irg Rd, Washing	Injured at home, farm, industry, public place (wh	iere?)	
so Format division	The M.S.I	INES	Co.	Means of Injury	Injured at work?	
18. Funaral director			I W. Washingto	DO 2 20 16	roschart M	. 4.
Address	2001 -1	OIL O	h w, rashing by	216		
19712 3	0 1946 (loud	a) Hooke Registrar	23. SIGNATURE	M. D. of	
(Date rec. d by reg	(intrar)		Registrar	Address January		1 J. Chr



2411 N. Charles St., Baltimore //2

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14

CERTIFICAT	E OF DEATH Reg. Diat. No.
County Man + Gomery City or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or strool address where death occurred: Washington San + aruum + 40 sp. / 2/ How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3, (a) FULL NAME	3. (b) Social Security Number
Female white married widowed or divorced Female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH HOVELLER 9 1946 21 10:30 p. M
6.(b) Name of husband or wife Mr. Gilver Stiers on 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. and that I last saw h. C.K
7. Birth dato of deceased (mo., day, yr.) 8. AGE: Years Months Days 11 less Ihan one day 11 29	Immediate cause of death Acusto Cardina Dilatation DURATION
9. Sirthplace Akron OHio (Town, county, and state) 10. Usual occupation house wife	Over to Bromilial Assistance
11. Industry or business Own Nome 12. Name Jeld N STRAYER 13. Birthplace	Other conditions
14. Malden name MARTHA	(Include pregnancy within a months of death) Major findings of operations
16. Informani Washing ton San + Hosp Recards	
Address A Roma Ph. 1101. 17. Busise Dale thorood (month) (day) (year) Cemelory or crematory (day) (year)	22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide
Localida Ragio Mine Ben to, Frestleville Mrs.	tnjured at home, farm, Industry, public place (where?)
Addres 254 Carroll St. M. H. Talfing Care Dg.	23. SIGNATURE CLASS No. To Barding M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Address Dale signod -9-46

Wasting Von



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city britown limits, write RURAL and give nearest town) How long in above place of death?. Hospital institution, or street address where death eccurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in that give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 214-03-8384 MEDICAL CERTIFICATION
6.(b) Name of husband or wife	20. DATE DF DEATH. 15 DEVILLE 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 1 2	Immediate cause of death DURATION DURATION Salaa Due to
10. Usual occupation	Due to.
13. Birthplace Doub Carolina 14. Maiden name Many Grands	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Miss. Clava C Fratt (wife) Address R F & Rochwelle Mod	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Location Comparison Comp	Accident, suicide, er homicide
18. Funeral director D. M. Grubul Terrus likery Address Do Chville Many Pand Sully Jack Snyles	Means of Injury Injured at work? 23. SIGNATURE OF 1 HAWM Ohr D M. D. or other
19. (Date ree'd by registrar)	Address to challe and Date signed If 16/4 &



2411 N. Charles St., Baltimore 92-6

7.7		134
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CERTIFICATE OF DEATH

2130 Reg. Dist. No.

1	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inferts give residence of mother)
City or town (If outside city or town limits, write RUKA and give nearest town)	State montgod county nonlyman
How long in above place of death?	(If outside city or town limits, write RURAL and give uearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Laura Quaw	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale Colored Widowed	20. DATE OF DEATH NOT. 24 M 19.46, at 7 A
6.(b) Name of husband or wife	21. I CERUFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and thet I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
68hrsmin.	Telle myrashin / hr.
8. Birthplace Cockville, md.	Due to.
(Town, county, and state)	Chronic Valordar heary describe 2 y
10. Usual occupation.	Due to.
11. Industry or business	005 10-
E 12. Name Allunis Drulle	Dther conditions.
12. Name	Uther conditions
14. Malden name Catherine Cozie	(Include pregnancy within 3 months of death)
	Majer findings of operations.
≥ 15. 9irthplace	Date of op.
16. Informant	Autopsy results
Address . L Rockvelle . mad	PHYSICIAN: Please underline the cause te which death should be charged statistically.
Q 21 1911	22. VIOLENCE: tf death was due to externat causes, fill in the following;
(Burial, cremation, or removal Phich?). (Burial, cremation, or removal Phich?).	Accident, suicide, or homicide
Cemetery or crematory Lincoln Park	Where did injury occur?
Location Rockville, and.	tnjured at home, farm, industry, public place (where?)
Polest Linder	Means of injury Injured at work?
Address Polynomia di Control de la Control d	Thut 1. Benetart M. J.
	23. SIGNATURE Dept prad Teams M. D. and M. A
19. 11-26 1946 Dett Jone Suyler	M. D. or other

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 29 1946



2411 N. Charles St., Baltimore

13/0

11191

CERTIFICATE OF DEATH

Reg. Diat. No. 2170

City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME arthur Rie	3. (b) Social Security Number
7. Sex Servele A A Servele	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 24 1946 at 5:45 Am
8.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. to November 249. 46.
7. Birth date of deceased (mo., day, yr.) March 2, 3, 68 8	Immediate cause of death
65 Northele, maruland	Due to Strashing at Stool
10. Usual occupation.	Hypotensiir Cardio
11. Industry or business 12. Name Mauril Ricks 13. Birthplace Clabana 14. 15.	Other conditions Edowa
13. Birthplace Clabama 14. Maiden name Camanda Rlassey.	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant 3 exhirts Rucks (Bro).	Autopsy results. None
Address Peacheck, med. 17 Bured Date thereof War. 27 1946	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director.	tnjured at home, farm, Industry, public place (where?) Mssns of injury Injured at work?
Address Rack wille, md.	23. SIDNATURE Websley Slevell M. D. or other
19. (Date rec'd by registrar) Registrar	Address Korbeek Date signed Nov 26



MARGIN RESERVED FOR BINDING

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

MI	196
Reg. Dist.	No. 216

11100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give recidence of me	DECEASED:	
County MONTGOMERY			FRY
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Count	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
How long in above place of death?	City or town BROOK MO	write RURAL and give nea	rest town)
Hospital, Institution, or street address whore death occurred:	Street No. 6512 - RIDGE	DRIVE.	
	(If rural, give L	OCATION)	***************************************
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	4 -	3. (b) Social Security	Number
SAMUEL RIG			
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced		RTIFICATION	
MALE WHITE MARRIED.	20, DATE OF DEATH. Novembe	× 8 19 46	, st /2 250 M
8.(6) Nams of husband or wife MARTHA. ELLEN RIGGS	21. I CERTIFY that death occurred on the date above	stated; that I attended dece	
	and that I last saw h 1 m alive on Nov	. P, 10 MG	10
T. Birth date of deceased (mo., day, yr.) MARCH. 26- 1869.			
8. AGE: Years Months Days If loss than one day	Immediate cause of death. Cerebral Thromb	2,20	14 days
77hrsmin.			
9. Birlippiace ST. MARYS - WEST - VA.	Duo to An Deriescheros.	' <i>S</i>	
(Theyn, county, and state) 10. Usual occupation CARPENTER.			н
	Duo to	***************************************	
11. Industry or business		an tould	lad Veneza
12. Name JACKSON RIGGS	Dither conditions. Conditions has	er truky	107 Yeases
13. Birthplace	(Include pregnancy within 3 mo	onthe of death)	
14. Maiden name JEANETTE ISRAEL	Major findings of operations		
15. Birthplaco	Major findings of operations		
16. Informant MRS - GEO R. LEE			
-	Autopsy results	th death should be charged	statisticsly.
Address 6512-RIDEE DRIVE!	22, VIOLENCE: If death was due to external cause		
(Burial, cremation, or comoval, Which?) Date thereof. Mark. 11, 19 44.	Accident, suicido, or homicide		**********
(Burial, cremation, or removal, Which?) Complete or crematory Coda: Hell Come			
Cometery or crematory	Where did injury occur?(City or town)		
Location	Injured at home, farm, Industry, public ptaco (who		
18. Funeral director W. W. Chans bus Co.	Means of injury	Injured at work?	-/
Address 3072 - M - ST - n. W.	23. SIGNATURE Pthen	Fulbu	
19. H 9 1946 Am E John Registrar	Address 3000 DLX PL	n.W Date signed	NV-8, MAG

13 1946 BLREAU V 8.

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2411 N. Charles St., Baltimore

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9	4	Or	1
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CERTIFICATE OF DEATH

1. PLACE OF DEA	1. PLACE OF DEATH: County Montgomery			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
City or town			State D.C. County City or town Washin ton (If outside city or town limits, write RURAL and give nearest town)			
			USNH Be	th sda, N	aryland	
How long in hospital or	institution?	9 d	ays	2.(a) If veteran, name war, 100 100 Wal		
3. (a) FULL NAME					3. (b) Social	Security Number
SCOTT.	Lucion	(n)				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATI	ON
male	col	si	ngle	20. DATE OF DEATH November	6	19.46 at 1920 Pi
	Mac	Mahal	Scott	21. I CERTIFY that death occurred on the date	above stated; fhat I atf	ended deceased from
6.(b) Name of husband	or wifeDLL.S.a	الملح المحالفة	Julius 301.00.00	October 28	19 46 16 Nov	vember 6 1946
7. Birth dale of	1-3-92	6. (4	e) If alive, give ageyears	and that I last saw h i.m alige on II	ovember 6,	1.91,6
deceased (mo., day, y	r.)			Immediate came of death Thron	work	DURATION
8. AGE: Years	Months	Days	If less than one day	coronary arts	sy c	
5	1 +	3	hrs min.	myocardial i	Marete	on tweek
a Bistheless Vi	rginia			Due to Coronary a	ding	
9. BirthplaceVi	(Town	n, eounty, and a	itate)	selecoia.	V	years
10. Usual occupation.	Veteran)	Labore	r for D.C. Gov.	Due fo		
11. Industry or busines						
当 12. Name	So	ott		Other conditions alelectasis	it lower	***************************************
	Virginia			Lobe. Growchofn	umonia	
	Mary Joh	nson				
				Major findings of operations		
	Virginia			00-01-00	Bate o	f op
16. Informanf	lrs. Mabel	Scott		Autopay results. PHYSICIAN: Please underline the cause to	which death should h	e charged statistically.
Address]]	2h S. St.	N.W. Y	Washington, D.C.			
			1	22. VIOLENCE: If death was due to external		
11 Burial Bate thereof Nov. 7, 1916 (Burial, cremation, or removal. Which?)			Accident, suicide, or homicide		e of	
Cemetery or cremaforyArlingtonNationalCemetery			Where did Injury occur?(City or tow			
Location Arlington, Virginia			Injured at home, farm, Industry, public place			
			S	Means of Injury	Injured at	work?
			ashington, D.C.	cw Hon		ID (MC) HOND
			11 001 1 . 1	Dathords	MA.	OR (MC) USNR M. D. or other
19. NOV . O	, 1946 gistrar)	man	Registrar	USNH Bethesda) Inc	ate signed Nov. 6,1

2-25

2-2160

2-10

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother)
county Prioritgornery	State MANY AND County Montgomery
City or town. Representation of the City or town limits, write RURAL and give nearest town)	
How long In above place of death? St. M. C. Obt., 30, 1946. Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write BURAL and give nearest town)
SUBUYBAM HOSP-860001dGeorge town T	Street No. 8 Warfield St.
How long in hospital or institution? Since Oct., 30, 1946 A	2.(a) If veteran, name war
	Mesda, Md., 3. (b) Social Security Number
Mrs mary C Seldy	NoME
4. Sex 5. Color or race 6.(a)Single married, widowe, or diverced	MEDICAL CERTIFICATION
FW	20. DATE DE DEATH. 09V 1946 at 4.337 cm
6.(6) Name of husband or wife AY HALY C. Selby (Dec)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give ageyears	10 7 X 6 19 10 11 11 11 11 19 10
7. Birth date of deceased (mo., day, yr.) Oct. 9. 1872	and that I last saw h. Lalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death A. A. C. Harris Co. C.
74 0 23hrsmin.	I represent the property of th
9. Birthplace Rockville Mary Land (Town, county, and state)	Due to Market Degreet in a month
	2 Kellande told brill
10. Usual occupation House Wife	Due to
11. Industry or business	Landelle mindelle market a structed of the second
12. Name Police Potomice Maryland	Dther conditions
2 13. Birthplace Potomile, Mary and	(Include pregnancy within 3 months of death)
14. Malden name Mandalda Control VIII A vid	Major findings of operations.
\$ 15. Birthplace Poruse, Maryland	Date of op.
16. Informant D. Seonard Dagnille	Autopsy results
Address / 5 Howard Use, Rendenation, Mrs -	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or repreval, Which?) (Burial, cremation, or repreval, Which?)	Accident, suicide, or homicide
Cemetery or crematory Rockvelle Union Cem.	Where did injury occur?
Location Rockville nel -	Injured at home, farm, Industry, public place (where?)
1 mm Parken Property	Means of Injury Injured at work?
18. Funeral director	
Address Dehesda, ong	23. SIGNATURE. A C. M. D. or other
19. (Date rec'd by registrar)	Address Ver C. v.C. a. Date signed.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Rebu Spring, ked

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Comity	
City or town	State Dudy County Managonly
	(If outside city or town limits, frite RURAL and give pearest town)
How long in above place of death?	
	Street No. 5 0 G Street No. (If rural, give LOCK TON)
m. t. tractal or institution?	2.(a) If veteran, name war
How long in hospital or institution?	
3.(a) FULL NAME Lillian C.	Severen 3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Trade White Widowed	11. m. los 1 9 4/2 100
position of the position of the	20. DATE OF DEATH MINUSEU 7, 19 40, at 1 p
6.(b) Name of husband or wife Illean L. Slvern	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
£.(c) tf alive, give ageyears	4-9-1146 10 11-9-1146
7. Birth date of	and that t last saw h all alive on 19 - 8 - 19
deceased (mo., day, yr.) hov 25	Immediate cause of death
8. AGE: Years Mosths Days It tess than one day	Congestive heart fachue John
74 hrsmln.	
9. Birthplace (Town, county, and state)	Bue to Cardio - vamilar duare 10 year
18. Usual occupation	Due to generalized arteuroreums 10 year
11. Industry or business	
12. Name Lovey Paine 13. Strthplace Ny	Other conditions Cerebral Theomborro Livel
Z 13. Birthplace Dr. 4	Broncho-framewowa 4 das
14. Maiden name Onnal Stenaty	(Include pregnancy within a months of desth)
14. Maiden name Chance J. Hernales	Major findings of onersticas.
15. Birthglace A: 4	Bate of op.
18. Informant Norolly Jaine	Autopsy results
1226 112(1)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE. If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City as town) (County) (State)
Location Chiling Tom Va	Injured at home, farm, Industry, public piece (where?)
Dona Alexand House	Means of Injury tnjured at work?
18. Funeral director MLal to Contact House	1.11/
Address 4817 Sa auc. 400	1/6 Ruseenakullo
Dona 2 11 Onall- We theall	23. SIGNATURE M. D. or other
18. Mr 9 18 46 Joephine Workseffe	1 14 m 800 / Mordon Dre note stoned 110/4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age VS A15

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

11196 6 Reg. Diat. No. 216

1. PLACE OF DEATHS of the second seco	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAI/and give nearest town)	State Cought
How long in above place of death?	(If outside city or town limits, prite RURAL and give peacest town)
How long in above place of death?	0.0 /
8204 Rollion PC	Street No. (If rural, give LOCATION)
New leng le heapital or isstilutios?	2.(a) ff veteras, same war
MRS SHERBERT, ANNA	8 E4LE SMALLWOOD 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W MARRIED	20. DATE OF DEATH 187 16 14/6 , of 300 M
8.(b) Name of husband on wife Thom BS LEROY SherkERT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dec . 1824 10 Tox 16 1946.
7. Birth date of	and that I last saw hele 2 alive os 20 15
deceased (mo., day, yr.) July 6, 1906	
8. AGE: Years Mooths Days If less than one day	Immediate case at death DURATION
40 4 10mio.	J. J. Salah
9. Sirthplace XTown, county, and state)	Due to
10. Usual occupation.	Dee to
11. Industry or business own home	
12. Hame William M. Smallword	Other coaditions
13. Birthplace / Aug fly (0)	(Include pregnancy within 3 months of death)
# 34. Maiden name Mulk Colfland	
15. Birthplace Markell Ta	Major findings of aperations
16. Istormant Mrs John J. Solan	Autopsy results
Address 1430 Hehland arise	PHYSICIAN: Please underline the cause to which death should be charged statistically.
O Silver Armo, MA = 1 - Eister -	22. VIOLENCE: If death was due to external causes, fill is the fellowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accidest, suicide, er hemicide
Washington National Penulous	
Cemetery or crematory	Where did is jury eccur?
Locatios	Injured at home, farm, ledustry, public place (where?)
The S.H. Theren Co	Means of lajury tajured at work?
Address 2901 1 of the It Washing tow. DC	Burnstell 209
3 make 1	23. SIGNATURE M. D. or other
19. (Dato rec'd by registrar) 184. 6 Registrar	Address Sulate Appeng Ml. Bate signed 15-16-46

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1 N. Charles St., Baltimore	1	N.	Charles	St.,	Baltimore	(61)
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CERT	IFICA	ATE	OF	DE	ATH

	71 7	L L			A
			21	4	/
Reg.	Diat.	No.			£

1. PLACE OF DE		m 0 30 TT		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			URAL and give nearest town)	Slate D. C. Couoty City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: U.S. NAVAL HOSPITAL Bethesda, Md.				Street No. 529 Oglethorne St. N.V	1	
How long in hospital c	or Institution?	3day.	S	2.(a) If veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Secur		
	SMART, JO	DSEPH.	BERNARD VAP e, married, widowed, or divorced			
4. Sex	6. Color or rect	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	W	M	erried	20. DATE DF DEATH 3 November 19		
6.(b) Name of husbane	or wifeHel	en Sma	rt	21. I CERTIFY that death occurred on the date above stated; that I attended		
			c) If alive, give ageyears	30 october 1946 to 3 hou and that I last saw h i m alive on 3 hou	19 46	
7. Birth date of deceased (mo., day,			. 1894	and that I last saw h	DURATION	
8. AGE: Year		Days	If less than one day	heart failure	1 wh	
52		14	hrsmin.			
9. BirthplaceN.E	w York			Due to myocardial Infant	1 wh	
5. Birilipiace	(Tow	n, eounty, and	state)		years	
1D. Usual occupation.		******************	***************************************	Due to arterio oclerosis	Jesus	
11. industry or busine	ichand S	mont		Other conditions Distretes mellitus	***************************************	
12. Name	M. Disibi	a		ond clinically a careful of acident (Include pregnancy within 3 months of death)	-	
2 13. Birthplace	Brid	act OI	Brien	Ocident (Include pregnancy within 3 months of death)	· ····································	
14. Malden name	Trel	and	K.A. A. S.A.A.	Major fiediogs of operations	*****************************	
≥ 15. Birthplace	7167	3 0		Actory results ho permit for head. Rest of	botentrated	
16, Informant	The state of the s	m.mad	art Wash D		rged statistically.	
			St. NW Wash. D	22. VIOLENCE: If death was due to external causes, Ill in the following:		
17. Burial Date thereof Nov. 5. 1916. (Burial, cremation, or removal, Which?)			reof. Nov. 5 1946.	Accident, suicide, or homicide		
Cemetery or crematory Arlington National			n National	Where did Injury occur?	(State)	
Arlington Virginia			rginia	Injured at home, farm, Industry, public place (where?)		
Location	Location ws. Handen tons 18. Funeral director Coseph Gawler & Sons			Means of Injury Injured at work?		
III				Charles W Thomp	bon	
Address	4756 Pa	Ave	N. A.	23. SIGNATURE C.W. THOMPSON Lt.CC	mdr (MC) US	
193 Non	7	5 mai	in Charlett Smill	USNH Betheeda Md		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jane and Snyder	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. NOV 23 19.46 , 21/100 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I aftended doceased from 19
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
9. Birthplace (Town county, and state)	Due to gran state word in sheel
11. Industry or business 12. Name A. Anyder	Due to hamida
13. Birthplace German Varon Proceeds	Other conditions
15. Birthplaco Suman town to Rund	Major findings of operations
Address alington Uas	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due fa external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Cemetery or cromatory. Date fhereof. (month) (day) (year)	Accident, suicide, or homicide. Accident Casses, in in the following: Where did injury occur? Action City or town) (County) (State)
Location Mashington, D. C. 18. Funeral director, D. D. Herre Co.	Injured at homo, farm, Industry, public place (where?) Maens of Injury from 8 hat Injured at work?
Address Washington DT.	23. SIGNATURE M. D. or other
19/ Date rec'd by registrar) 19 + 6 White A The Registrar	Address Garthe Long Ind Date stened 11-23-46

NOV 26 1946

BURF 4

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

11199

Rog. Dist. No. 248

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Jennie Russell Snyd	3. (b) Social Security Number
4. Sex F (5./Color or race 6.(c) Single, married, widowed, or divorced (Married)	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or wife	21. 12 EXITY that death occurred on the date above states; that I attended deceased from 19
deceased (mo., day, yr.) 28, 1898 8. AGE: Years Months Days If less than one day 48 4 25	Dem Shot would have Skelle and Touchty
8. Birthpiace Washington DC. (Town Lounty, and state) 1D. Usual occupation Advance and	Bue to Romade
11. Industry or business 12. Name Arabical Arabical 13. Birthplace Canada	Dither conditions
# 14. Maidon name marke Mars	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Washing It. Presell Address 1220 June One - arlington 12	Autopsy results
17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Callington Va.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury A. Shark injured at work?
18. Funeral director. Address Washington, D.C.	23. SIGNATURE Though I Browshart M. D. or other
(Date rec'd by registrar) 19.46 ulsuda J. Corke Registrar	Address Address M. D. or other M. D. or other Date signed 1/-2 3. 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYI.	AND	STATE	DEPARTMENT	OF	HEALTH
ATACAS A L		DIRLL	LATE A PARK I TATELLINE	4 7 11 1	THE ALL T

2411 N. Charles St., Baltimore 746

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-	Dina	BI-	-1	1	6	

11200

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town Dermantown (Peurse)	State many land County mont so	
City or town (If outside city or town limits, write RURAL and give nearest town)	Jemes town (Bu	.0)
How long in above place of death? 4 9	City or town	rest town)
Hospilal, Inetilution, or street addrees where death occurred:		
	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. Would was #1	
3. (a) FULL NAME	3. (b) Social Security !	V
0 110	3. (0) Docial Decarny 1	Idmoci
Ross H. Smider	400	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W Maried		
. 1 . 1000000	20. DATE DF DEATH 23 19.5.6	at 1:00 P
To in 111 A day	21. I CERTIFY that death occurred on the date above stated: that I attended decea	
8. (b) Name of hookand or wife Donne W. Dryder		
	Diff Mid Exe 19 10	19
7. Birth date of		19
doceased (mo., day, yr.) //www. 30, 1897	1 1 1 1	OUBARION
8. AGE: Years Months Days It less than one day	Immediate cause of death	OURATION
49 7 224 hrs min		tocklast
77 4hrsmln.	Jame Shot would Those Skull	instantly
Collegner Sil.		months of the same
9. Birthplace (Town, county, and state)	Oue to	
I assume Ad	homunda	***************************************
10. Veual occupation.	Oue to	
11. Industry or business	Que (Q,	*****************
	***************************************	********************
# 12. Name William H. Anyder	Other conditions	
E 12. Name William H. Angler E 13. Birthplace Sel.		
	(Include pregnancy within 3 months of death)	
14. Maiden name Elizabeth Whithole 15. Birthplace Del.		
S 15 Birthplace	Major findings of operations.	
	Date of op	,,,
18. Interment Mu. Bear C. Vruyder	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.
Address Wilhow Ill.		
17. Buis Date thereof 11-27-46	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal. Which?) Date thereof	Accident, euicide, or homicide	23- Y L
Po: To her's On to	Where did labory occur? Town so Town R-2 months	mo
volicity of vicinitial property of the control of t	Where did injury occur? (City or town) (County)	(State)
Location asling ton, Va.	Injured at home, farm, Industry, public place (where?)	
Location A. / .		
16. Funeral director S. H. Henes Co	Means of Injury Fran Start Injured at work? A	-0
1.1 1 6	A 1 B - 1 1 201	
Address Washington DC.	trank & Broschart M.O.	
ma 2. colodo ello	23. SIGNATURE M. D. or	other
19. 11 2 4 19 46 Uhuda J Stike	of it o is n	
(Date rec'd by registrar) Registrar	Address cause Date signed !	1-23-76

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NOV 26 1946

BURFALES

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A15 NS 1. PLACE OF DEATH:

MARYLAND S	STATE	DEPARTMENT	OF	HEAL!	ľŀ
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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:



211₁ Reg. Diat. No. 216 0

county Montgomery		(For newborn infants give residence of mother)		
77.00		Slate Maryland County Montgomery		
cut or town 44 C	stgate Maryland	City or town Westgate, Maryland (If outside city or town limits, write RULAL and give nearest town)		
How long in above pia	ace of death? 12 years	(If outside city or town limit	ts, write RURAL and give nee	rest town)
Hospilal, institution, or street address where death occurred: 4906支 Westway Drive		Street No. 4906 Westway drive.		
		(If rural, giv. No	e LOCATION)	
	or institution?	2.(a) If veteran, nama war		
3. (a) FULL NA			3. (b) Social Security	Number
	JAMES ABRAHAM SORRELL		None	
4. Sex	5. Color or race 6.(a) Singla, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White Married	2D. DATE OF DEATH NOV. 4.	19.46	,at 11:30
6.(b) Name of husba	nd er wita Mary Virginia Allen	21. I CERTIFY that death occurred on the date ab		
	B.(c) It alive, give ageyear	Ned Ea 18	to	19
7. Birth date of deceased (mo., day	Pohrusana d 1 ddo	and that Jast aew halive on	care	19
	ara Months Days it less than one day	Immediate cause of death		DURATION
66	8 26min	0>		
		Coronary vec	lusion	madal
9. Birthpiace	Richmond, Virginia (Town, county, and state)	Due to	***********************************	****************
	Chauffeur			
10. Usual occupation		Bue to		* *
tt. todustry or busin				
H t2. Name	ames Park Sorrell	Dther conditiona		
	Virginia	(Include pregnancy within 8		
Maiden nam	Virginia			
TO AS AUTHOR	Vincinie	Major findings of operations		
T 15. Sirtinplace	emes E. Sorrell , Son		Date of op	
16. Intermant	ones B. Dollett , Doll	PHYSICIAN: Please underline the cause to w		
Address S	ame as above			beatledcany.
" Buri	Bate thereot. 11/8/46 on, or removal. Which?) Onto the control of	22. VIOLENCE: It death was due to external ca		
(Burial, cremati	on, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crem	Mt. Zion Cemetery	Whera did injury occur?	(County)	(State)
Incation B	ethesda, Maryland	Injured at home, farm, Industry, public place (v		
		Means of Injury	Injured at work?	
t8. Funeral director	the ada Manulaud	9-11/2	noschart).	n.J.
Address Be	thesda, Maryland	Spanicy. 10	Sylven	
11/5	1046 Jhn & Cobes	23. SIGNATURE		
19. (Date rec'd by	racristner) Re-tro	tuster offershersher	med note signed	11-5-4



1. PLACE OF DEATH: County Montgomery

Bethesda

(rural

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 544

S. C.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work?

22. VIOLENCE: It death was due to external causes, fill in the tollowing:

weaver E. N. WEAVER, Lt. (jg)

Accident, suicide, or homicide.....

Injured at home, tarm, industry, public place (where?)

CERTIFICATE OF DEATH

Reg. Diet. No 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infents give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rurol, give LOCATION) 2.(a) If veteran, name war...... 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 Nov. 19 46, 10 28 Nov. 19 46 OURATION (Include pregnency within 3 months of death)

How long in above pl Hospital, institution, US Nava.	ace of death?	City or town (if outside city or town limits Street No. Box 457 (If rurel, give		
3. (a) FULL NA	ME TALLE	r, Char	cles Clifford, S	gt. USMC
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL C
male	W-US		single	20. DATE OF DEATH
6.(b) Name of husba 7. Birth date ot deceased (mo., da	22 3500	6.((c) It alive, give age	21. I CERTIFY that death occurred on the date above 8 NOV 9 19. and that I last saw h I.M. alive on
	ears Months	Days 6	If less than one day	Immediais case of death Baselas TMA
10. Usual occupation 11. Industry or busing 12. Name 13. Birthplace 14. Malden name 15. Birthplace	N. C. O N. C. O Margaret I S.C.	Corps // dec • Blanker	nship	Other conditions. (Include pregnoney within 3 Major fiediogs of operations
	: Mrs. Marg ox 457, Ft.		S. C.	
17	moval tion, or removal. Which natory	Date the	reot 11-29-46 (month) (day) (yeer)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide
	00 Chapin S	t., N.	W., Wash., D.C.	E. N. WEAVER,
19	9	Mary C	harlotte Smith	Address USNH Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

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Reg.	Dist.	No.	2	1	8	

			CERTIFICA	ATE OF DEATH	Reg. Dist. No	218
How long in above place of Hospital, Institution, or st How long in hospital or in	Gaithe Eside city or town lin f death? treet address where d	nite, write Ri	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state	mother) Montg My Montg Mon	arest town)
3. (a) FULL NAME					3. (b) Social Security	Number
4.0			Ruth Thom	son		
4. Sex Female			ngle	MEDICAL CE Nov 28th	ERTIFICATION 46	6 50 ₁
) If alive, give ageye	21. I CERTIFY that death occurred on the date above.	ve stated; that I attended dece 46, to Nov. 28	ased from
7. Birth date of deceased (mo., day, yr.)	June	17th	1861			
8. AGE: Years 1861 8		Days 11	If less than one dayhrsm	- ray acyeneralion	s & myocard-	64rs.
9. Birthplace	Montg	ounty, and st	Md,	Due to Arteriosclerosi.	<i>\$</i>	more than
10. Usual occupation				Due to Senility		20 yrs.
	Albert	Thomp	son	Other conditions	•••••	***************************************
14. Maiden name 15. Birthplace	Sallic Md	Bow	MS.Y.	(Include pregnancy within 3 m		
16. Informant		lton	St, N W,	Autopsy results		**********************
17(Burlal, cremation of	1.9.]	Date thereo	n D C, or northy (day Gear) och Cemetery ove Ma,	22. VtOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of	
			ve ma,	Injured at home, farm, Industry, public place (who		
			rtner	Means of Injury	Injured at work?	
Address	Gaithers	burg	MA,	23. SIGNATURE FEOD FELL	w. M.A.	
19. 71 12 30 (Date rec'd by regis	1946 (C	brud	a) Glocke Registr	1 10-01	M. D. o	29 Nov. 46

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CEPTIFICATE OF DEATH

teg. Dist. No. 216

_	CERTIFICA	TE OF DEATH	Reg. Dist. No	a.k.sa
1. PLACE OF DEATH: County	its, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State		
How long in hospital or institution?		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	OUTH TRI	MBLE	3.(b) Social Security 1	Number
MALE Scolor or race MALE WHIE	6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL 20, DATE OF DEATH NOV	CERTIFICATION 23 -4 1946	, at 4:10
6.(b) Name of husband or wife. Care Ariel 3 - 1864 7. Birth date of deceased (mo., day, yr.)	e Belle Bellew.	and that I last saw h. A. werre after on	19 06, 10 MOV 2	2 0 19 4 19 4
8. AGE: Years Months	Days If less than one day hrsmin		8 Huluro	1/2 hos
10. Usual occupation	ounty, and state TRIMBLE	Due to		
13. Sirthplace 14. Maiden name. MARY E. 15. Sirthplace	Y LIZABETH SOUTH	(Include pregnancy with	nin 3 months of death)	
18. Informant Miss Augustan	tine waller	Autopsy results	to which death shoold be charged	
(Burisl, cremation, or removal. Which?)	Data thereof	22. VIOLENCE: If death was due to extern Accident, suicide, or homicida	Oate of	
Location Dankfor	t, Ry.	(City or to		
18. Funeral director 1956 Re-	mane, wash De	23. SIGNATURE W	duis	
19 11/23 1946	mm E Jobes	. 1211/2 K 1	+ λ (1) M. D. c	or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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Reg.	Dist.	No.	2	/	0	

11205

County ontgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1/0m 0 0 033 0	State Maryland County Montgomery
City or tows	
How leng in above place of death? 15 years	City or town. Damascus (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: R. F. D. Monrovia	
	(if rural, give LOCATION)
How long in hospital or institution? At home	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MINNIE AMANDA WATKINS	None
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH November 5, 1946 atll:10Pm
6.(6) Name of husband or wife Charles Lee Watkins, Sr	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased Jan 1937	January 19 35 to Nov 19 46 and that I tast saw h er alive on November 5, 19 46
7. Birth date of	and that I had saw her allow an November 5, 19 46
deceased (mo., day, yr.) February 17, 1870	Immediate cause of death
8. AGE: Years Months Days If tess than one day	Generalized Arteriosclerosis 10 yrs.
76 8 19hrsmin.	Typertension - moderate
9. Birthplace Near Kings Valley, Montg. Co.	Multiple Cerebral Thromboses since Feb. 146
(Town, county, and state)	since Feb. 46
1D. Usual occupation Housewife	
Oren home	Due to
(1. Industry of business	
X 14. N2000	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Jane Burdette	(Include pregnancy within 5 months of death) Major fludings of operations One
14. Malden name Jane Burdette 15. Birthplace Montgomery Co., Maryland	
m 3 3 W +3-1	Date of ep.
	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically,
Address Germantown, Maryland.	
17. Burial Bate thereof Nov. 8, 1946 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, filt in the following;
	Accident, suicide, er hemicide
Cemetery or cremator Baptist Church Cemetery	Where did injury eccur? (County) (State)
Cedar rove, Maryland.	Injured at heme, farm, Jadustry, public place (where?)
J. B. Beall Inc.	Means of injury injured at work?
Damascus, Maryland.	7
Address Damascus, Maryland.	Marine h Willandree Boyen ?!
"nor 8 "41 19000 WRUNTER	23. Sloward Por other
19. Orov. 8 19.4.4 Della W. Burdette (Date rec'd by registrar)	Address Date signed 11-1- YE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /23

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			State Virginia County		
City or town	Bethesda	mits, write RURAL and give nearest town)			
How long in shore al	ace of death? 2 da	VS	City or town Woodbridge (If outside city or town limits, write RURAL and give nesrest town)		
Hospital, institution,	or street addrees where	death occurred:	Street No.		
USNH	Bethesda,	Maryland	(If rursl, give LOCATION)		
How tong in hospital	l or Institution?	2 days	2.(a) ft vetoran, name war Lst World War		
3. (a) FULL NA			3. (b) Social Security Number		
4. Sex	5. Color or raco	S.(n) 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
1000					
male	white	single	20. DATE OF DEATH 10 November 1946 21 Lettles de		
8 (h) Name of hugha	and or wite		21. I CERTIFY that death occurred on tho date abovo etated; that t attended deceaced from		
			8 hovember 19 th, to 10 hovember 19 th		
7. 8irth date of	35 5		and that flast eaw h sam alive on 10 housesules 19 46		
deceaeed (mo., da			Immediate cause of death.		
	eare Months	Daye If lees than one day	acute Pulmonory Edema		
		hremin.			
B Ricthniaea (Ohio	county, and state)	Que to Cardiaa Failur		
10. Usual occupatio	VAP		Due to Massim Lastra-		
11. Industry or busin	9290		Propried Lemorrhage		
		ift	Dither conditions		
12. name	Ohio	7477	uther conditions		
			(Include pregnancy within 8 months of death)		
14. Maiden nar 15. Birthplace	. Elizabeth	Propeck	Major findings of operations		
15. Birthplace	Oh	nio	Date of op.		
		itcraft	Antoney results.		
			PHYStCIAN: Please underline the cause to which death should be charged statistically.		
	odbridge, Vi		22. VIOLENCE: tt death was due to external causee, till in the following:		
17 Bur	rial ion, or removal, Which?)	Date thoroof Nov., 13, 19 46 (month) (day) (year)	Accident, euicido, or homicide		
			WI WALL		
		ton National Cemetery			
LocationA	rlington, Vi	irginia	Injured at home, farm, Industry, public place (where?)		
		al Home F. L. Block	Meane of Injury Injured at work?		
			11 1 1. also Setare)		
Address OC	coquan, Vir	Y	23. SIGNATURE A ROOPS TO CAN DO OF OTHER ST.		
Nov. 1	2 19 46 registrar)	M.C. Smith	We will not hoods Marriand Nov. 5		
(Date rec'd by	registrar)	Registrar	Addrose USNH Bethesda, Maryland Date signed Nov. 12,		

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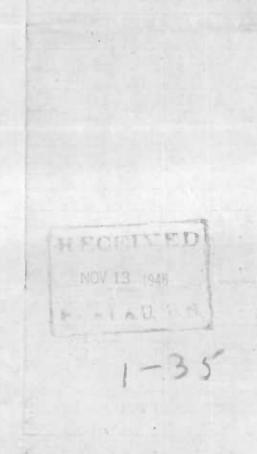
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH

¥ 11	O A Py
Reg. Dist.	No 2180
Keg. Dist.	140

/				10g. Dist. 110.	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	Ma)	ntg	J.D.,	(For newborn lufants give residence of mother)	
City or town	enstawn	mits, write I	URAL and give nearest town)	State Md County Monte	
How long in above place of	of death?	rs	***************************************	City or town. (If outside city or town limits, write RURAL and give n	earest town)
Hospital, Institution, or s	street address where	death occurred	l:	Street No	
			***************************************	(If rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME	Arthur	Jam	es Wilkins	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
3/ 3	FA21			Mov Oth AG	11.50P
Male	White		rried	2D. DATE DF DEATH	atM
6.(6) Name of husband o	r wife	llie :	E Wilkins	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
		B.(tf alive, give ageyears	Just - 28 - 1946 10 Prov-	7 - 19.9
7. Birth date of	Λ 50.	ril 3		and that I last saw halive on	19.5
deceased (mo., day, yr. 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
1885 61	7	6		Cardio - neflinha	1000-11 days
	*		hrsmin.		
9. Birthplace	West V.	Lr.ln	La tate)	Due to Calmona of Simuch	
1D. Usual occupation	Carpond	e.r.,	***************************************	Due to	******************************
11. Industry or business	- 11				***
E	enty Wi. W.Va,	lkins		Other conditions	***
		nyder		(Include pregnancy within 3 months of death)	
	W. Va		***************************************	Major findings of operations.	
S 15. Birthplace				Date of op.	**************************************
10 Informant MI	's Moll:	ie E	Wilkdns	Autopsy results.	
	rnstown			PHYSICIAN: Please nuderline the cause to which death should be charged	
. Burial		8 1- 15	11/12/46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation,	or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide Date of	************
Cemetery or crematory	Darns	town	Cemetery	Where did injury occur?	(State)
	Darns	town.			
			***************************************	Injured at home, farm, industry, public place (where?)	************************
18. Funeral director			rtner	Meens of tnjury Injured at work?	,0
Address	Gaither	sburg.	. Md,	Str (om, Ill. sen.	40.
Ca		30	218/h	23. SIGNATURE	or other
19. (Date rec'd by region	19 46 (Chu	Registrar		11/11/4-6



	0) -	. /	TO2
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully sorrect age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-4 Sem	PLEASE WRITE PLAINLY, WITH	(I)	PLEASE WRITE PLAINLY, WITH correct age is especially important.

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The correct age

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 216

A. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
(a) Baltimore City, Maryland (b) Street address 45 - w. Leney, St. Ch. Ch. Md.	(a) State Md. (b) County Montgomery. (c) City or town Chery Chase. (If outside city or fown limits, write RURAL and give town)		
(c) Hospital or institution:			
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 45 Lenox St. (1f rural give location)	P0000000000	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years	
3 (a) FULL NAME Sadie M. Williams	Par on sections of		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
No.)	20. DATE OF DEATH 27 1946	, at / 1 P M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from M. Wor. 27 116, 19	ed; that lattend-	
6 (b) Name of husband or wife MPSes Williams	and that I last saw h alive on 11-27		
6 (c) If alive, give age years	Immediate cause of death	Duration	
7. Birth date of deceased (mo., day, yr.) Och 1962	Corney reclusion	30 min	
8. AGE: Years Months Days If less than one day	Due to Itypulomer getter.	10 + suin	
9. Birthplace (Town, county, and state) 10. Usual Occupation (Town, county, and state)	Due to		
11. Industry or business	Other Conditions		
12. Name James Haden	(Include pregnancy within 3 months of death)	PHYSICIAN	
13. Birthplace YA. 14. Maiden Name Pauling Scutt.	Major findings: Of operations	Underline the cause to which death should be	
15. Birthplace	Of autopsy	charged statis- tically.	
16 (a) Informant Charles, L. Williams	22. If death was due to external causes, fill in the fo	ollowing:	
(b) Address 1700 - 2 - 50, N.W. Wash. P.C.	(a) Accident, suicide, or homicide		
17 (a) (Burial, cremation, or removal) (month) (day) (year)	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place?		
(c) Cemetery or crematory			
Location Washington D.C.			
18 (a) Funeral director. W. Grand farms Ch	(e) Means of injury.		
(b) Address 1472 4 me for the Warf HAC	23. Signature	4. O.	
19 (a) 1 ~ 28-44 (b) Registrar	Address 1746-RUM- U.W. Date sig	ned# 28 4	

Nostenston, O.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9402

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State MARYLAND County MONTGOMERY		
City or lown. (If outside city or town limbs, write RURAL and give nearest town)			
How long in above place of death?	City or town SILVER PRING. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 1509 EAST WEST HIGHWAY		
1509 Cost west three.	Street No. 1009 [15] (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war!		
3. (a) FULL NAME	3. (b) Social Security Number		
Crewin Gorold Wilson	577-03-3980		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W warried	20. DATE DF DEATH. 46 21 / A M		
8.(3) Name of husband or wife Kartingan & W. San	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	lay & 1946 10 llow 9 1946		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) (u.e. 22 - 1899	Immediate capp of death, un ocarcles OURATION		
8. AGE: Years Mooths Days If less than one day	infanction 4 less.		
47 4 1	0		
9. Birthplace SALT LAKE CITY - UTAH	Due to acute consumy 4 less.		
(Town, county, and state)	oe Quais.		
10. Usual occupation SALESMAN (Busidess MACHINES)			
	Due 10		
11. industry or business			
12. Name FRJIM - WILSON 13. Birthplace OTAIH	Other conditions		
13. Birthplace () Tロー	(Include pregnancy within 3 months of death)		
14. Malden name DAKHOWA ENZAGETH M. 15. Birthplace DAKHOWA. UTGH.			
	Major findings of operations.		
ZI 15. Birthplace UNIT NOWA. UIGH.	Date of op.		
16. Informant MRS KATHRYH - S. WILLOH.	Autopsy results		
Address 1509 EAST WEST HYWAY - SILVER SPRING	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: if death was due to external causes, fill in the following:		
(Burist, cremation, or removal, Which?) Date thereof Oo 11 - 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory CEDAIR I-LILL	Where did lajury occur?		
Location SUITLAND - PR. GEO'S Co - MO	Injured at home, farm, industry, public place (where?)		
18. Funeral director Warner & Pump bray	Meaos of Injury Injured of work?		
	A of her he wo.		
Address SILVER SPRING - MO.	23 SIGNATURE		
19 Nov-11 (Date rec'd by registrar) 1946 Josephino Ma Schaeffe Registrar	M. D. or other		
(Date rec'd by registrar) Registrar	Address 7652 16 2 / 10 World O C Date signed 11/9/46		

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2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 1361-1465 A TWA (If outside city or town limits, write RURAL and give nearest town)	State MAYH ANA County
Row long in above place of death? Divice 10:45 P.VVI -11-23-46 Hospital, institution, or street address where death occurred:	City or town
Suburban Hosp, 8600 Old George town	Street No. 3300 Terridale Ave. (If rurat, give LOCATION)
How long in hospital or institution? Sixice 10:45-/1-23-46	2.(a) If veleran, name war
Mr. Louis Eugene yo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 11-24-46 19
6.(b) Name of husband or wife Ca.Y.A. Land M.M.A	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) Sept., 27, 1873	and that I last saw h.i
8. AGE: Years Months Days If less than one day	Immediate cause of death Say analyn Wysomrous Burnation
73 / 27hrsmin.	
9. Birthplace	Oue to Ration in Secretary of a wallening
1D. Usual occupation. Five VVIAVI	Due to
11. Industry or business	1 5 1 5 m
12. Name JA JOHN 9	Other conditions Miles & Temper matter to what forming
	(Include pregnancy within a months of death)
	Major findings of operations
16. Informant Howard Voung	Autopsy results. N.O.
Address LINCOLN, Deleware	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following: N b
(Burisi, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory MITFORD Deleware	Where did Injury accur?
Location DelevinaRE	Injured at home, farm, Industry, public place (whera?) Maans of Injury Injured at work?
18. Funeral director. War Reuben Jumanny	Magnis of fullot)
Address Palthester, 7715	23. SIDNATURE. M. D. or other
19. 11/25 1946 Was & John Dater	Address & Farch Kersington Date signed 11244.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The crief age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5R-2

CERTIFICATE OF DEATH

¥ 112111

Piet No. 2160

1 PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County				Stale County County		
City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 7:45 P.M.11/3/46			URAL and give nearest, town)			
How long in above place	of death? Sinc	e 7:4	5 P.M.11/3/46	City or town it shington. (If outside city or town limits	, write RURAL and give nearest town)	
Hospital, institution, or	street address where d	leath occurred	:	street No. 5200 McArthur	Blvd, N. W.	
Suburban Hospital					(If rural, give LOCATION) 2.(a) t veteran, name war	
				. 2.(a) It veteran, name warIX.C		
3. (a) FULL NAME					3. (b) Social Security Number	
			ER ZIMMERMAN		none	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female	white	Wic	lowed	20. DATE OF BEATH 5 NOV	19 × 6 31 9 7a	
	Marti	n 1).		21. I CERTIFY that death occurred on the date abo	ive stated; that I atlended deceased from	
				2 2 2 19.	44, 105 Vov 1946	
7 Right date of			c) If alive, give ageyear	and that I lust saw h 29alive on	1946.	
The second secon	I Months	Bays	If less than one day	Immediate cause of death	DURATION	
8. AGE: Years 55	5	0	hrs. min	Carena	STMY STMY	
				www mells	Land,	
9. Birthplace La 1	ncaster (Town	county and	enna.	Due to To	and the	
to. Usual occupation				abelorniva	Micera	
		***************************************	• { • • • • • • • • • • • • • • • • • •	Due Io		
11. Industry or business		Stenfi	Par			
12. Name Silas W. Stauffer 13. Birthplace Goodville, Pa. 14. Maiden name Hetty Weaver 15. Birthplace Goodville, Pa. 16. Informant Mrs. Wallace R. Amos				Diher conditions		
				(Include pregnancy within 3 r	months of death)	
			<u></u>	Major findings of operations		
			i.			
			Amos	Autopsy results		
			sington, Ma.	PHYSICIAN: Please underline the cause to wi		
				22. VIOLENCE: If death was due to external cau		
Burial Bate thereof Nov. 8th. 46 (Burial, cremation, or removal, Which?)			(month) (day) (year)			
Cemelery or crematory. Cedar Hill				Where did injury occur? (City or town)	(County) (State)	
Location Suitland, Pr. Geo's Co. Md.				Injured at home, tarm, industry, public place (w		
11/2 and 3 6 hours			implurey.	Means of Injury	Injured at work?	
Address Silver Spring, Md.			Md.	affi	Eliune MD.	
			Im El Bes	23. SIGNATURE	AUC M. D. or other	
19. (Date ree'd by re			Mrs 6 Yorke	Address OHENY CHAS	E, 15, Magae signed 6 Nov 46	

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2411 N. Charles St., Baltimore 46-7

CERTIFICATE OF DEATH

Reg. Dist. No. 216.

	1. PLACE OF DEATH: county Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? It months, 9 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? It months, 9 days.	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother) State DoCo County City or town (If outside city or town limits, write RURAL and give nearest town) 1824 15th St., N. W., Apt. 1 Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 1st World War
	3. (a) FULL NAME ZOLLICOFFER, Walter (n)	3. (b) Social Security Number
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced wildowed	MEDICAL CERTIFICATION 29 Nov. 19 46 8:12 A
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 July 19 16 to 29 Nove 19 16 and that I last saw h im alive no 29 Nove 18 116 DURATION
	8. AGE: Years Months Days If less than one day 17	Jamediais cause at death DURATION Orlinome of tomach: 12 you
	9. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations A formath - metastane to make busying Jumes have a state of place of the state
	16. Informant daughter, Mrs. Mary Retteray Address 547 Madison St., Brooklyn, N.Y. 17. removal Date thereof 11-30-46 (Burlal, cremation, or removal, Which?) Cemetery or crematory Oakgrove Church Cemetery Location Littleton, North Carolina 18. Funeral director Landa Jarvis Address 1432 U. St. N.W. Wash. D. C. 11-29 46 Mary Charlotte Smith	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
-	19. (Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 11-29-46

